BOPUK 531.01 * INMATE HISTORY * 09-08-2006 PAGE 001 * WRK DETAIL * 07:45:01

REG NO.:: 51627-060 NAME...: SIGGERS, KEVIN LAMAR CATEGORY: WRK FUNCTION: PRT FORMAT:

FCL	ASSIGNMENT	DESCRIPTION	START DATE	/TIME	STOP DATE	/TIME
MCK MCK	I CABLE 1 I MILL 1	CABLE 1 MILL 1	06-19-2006 09-28-2005		CURRENT 06-19-2006	0001
MCK	VACATION	VACATION	09-26-2005	0001	09-28-2005	0001
MCK	I MILL 1	MILL 1	07-27-2005	0001	09-26-2005	0001
MCK	VACATION	VACATION	07-26-2005	0001	07-27-2005	0001
MCK	I MILL 1	MILL 1	05-05-2005	0001	07-26-2005	0001
MCK	I PROD.1	PRODUCTION 1	02-12-2005	0001	05-05-2005	0001
MCK	VACATION	VACATION	02-10-2005	0001	02-12-2005	0001
MCK	I PROD.1	PRODUCTION 1	09-28-2004	0001	02-10-2005	0001
MCK	VACATION	VACATION	09-24-2004	0001	09-28-2004	0001
MCK	I PROD.1	PRODUCTION 1	02-28-2004	0001	09-24-2004	0001
MCK	IDLE	IDLE	02-26-2004	0800	02-28-2004	0001
MCK	I PROD.1	PRODUCTION 1	01-12-2004	0001	02-26-2004	0800
MCK	UNASSG	UNASSIGNED	12-23-2003	1021	01-12-2004	0001
MCK	SHU UNASSG	SHU UNASSIGNED	11-18-2003	1200	12-23-2003	1021
MCK	I MILL 1	MILL 1	03-14-2003	0001	11-18-2003	1200
MCK	IDLE	IDLE	03-12-2003	0707	03-14-2003	0001
MCK	I MILL 1	MILL 1	02-04-2003	0001	03-12-2003	0707
MCK	IDLE	IDLE	02-03-2003	0649	02-04-2003	0001
MCK	I MILL 1	MILL 1	11-24-2001	0001	02-03-2003	0649
MCK	VACATION	VACATION	11-23-2001	0001	11-24-2001	0001
MCK	I MILL 1	MILL 1	09-10-2001	0001	11-23-2001	0001
MCK	IDLE	IDLE	09-07-2001	0853	09-10-2001	0001
MCK	I MILL 1	MILL 1	08-24-2001	0001	09-07-2001	0853
MCK	I PROD.1	PRODUCTION 1	06-22-2001	0001	08-24-2001	0001
MCK	UNASSG	UNASSIGNED	06-20-2001	1123	06-22-2001	0001
MCK	SHU UNASSG	SHU UNASSIGNED	05-24-2001	0826	06-20-2001	1123
MCK	I PROD.1	PRODUCTION 1	03-06-2001	0001	05-24-2001	0826
MCK	I MILL 1	MILL 1	01-10-2001	0001	03-06-2001	0001

MCK	UNASSG	UNASSIGNED	01-09-2001	1000	01-10-2001	0001
MCK	SHU UNASSG	SHU UNASSIGNED	12-21-2000	1059	01-09-2001	1000
MCK	I MILL 1	MILL 1	09-20-2000	0001	12-21-2000	1059
MCK	I PROD.1	PRODUCTION 1	08-17-2000	0001	09-20-2000	0001
MCK	IDLE	IDLE	08-15-2000	0834	08-17-2000	0001
MCK	I PROD.1	PRODUCTION 1	06-29-2000	0001	08-15-2000	0834
MCK	KITCHEN AM	KITCHEN AM	02-15-2000	1421	06-29-2000	0001
MCK	DIN RM AM	DINING ROOM AM	12-31-1999	0001	02-15-2000	1421
MCK	CONV	CONVALESCENT	12-27-1999	0839	12-31-1999	0001
MCK	DIN RM AM	DINING ROOM AM	12-17-1999	0001	12-27-1999	0839
MCK	IDLE	IDLE	12-16-1999	0826	12-17-1999	0001
MCK	DIN RM AM	DINING ROOM AM	11-19-1999	1007	12-16-1999	0826

G0002 MORE PAGES TO FOLLOW . . .

BOPUK 531.01 * INMATE HISTORY * 09-08-2006 PAGE 002 OF 002 * WRK DETAIL * 07:45:01

REG NO.:: 51627-060 NAME...: SIGGERS, KEVIN LAMAR CATEGORY: WRK FUNCTION: PRT FORMAT:

FCL	ASSIGNMENT	DESCRIPTION	START DATE	/TIME	STOP DAT	E/TIME
MCK	FD SVC	FOOD SERVICE	11-18-1999	0001	11-19-199	9 1007
MCK	UNASSG	UNASSIGNED	11-09-1999	1110	11-18-199	9 0001
MCK	SHU UNASSG	SHU UNASSIGNED	09-29-1999	2320	11-09-199	9 1110
MCK	I ASEMBLY1	ASSEMBLY 1	09-28-1999	0001	09-29-199	9 2320
MCK	VACATION	VACATION	09-27-1999	0001	09-28-199	9 0001
MCK	I ASEMBLY1	ASSEMBLY 1	06-09-1999	0001	09-27-199	9 0001
MCK	IDLE	IDLE	06-08-1999	0958	06-09-199	9 0001
MCK	I ASEMBLY1	ASSEMBLY 1	05-25-1999	0001	06-08-199	9 0958

MCK	I LAYUP 1	LAYUP 1	04-13-1999 1304 05-25-1999 0001	01
MCK	LAYUP 1	LAYUP 1	03-23-1999 0001 04-13-1999 1304	04
MCK	KITCHEN AM	I KITCHEN AM	01-14-1999 0001 03-23-1999 0001	01
MCK	IDLE	IDLE	01-13-1999 0716 01-14-1999 0001	01
MCK	KITCHEN AM	I KITCHEN AM	12-02-1998 0001 01-13-1999 0716	16
MCK	DIN RM AM	DINING ROOM AM	11-20-1998 1348 12-02-1998 0001	01
MCK	FD SVC	FOOD SERVICE	11-19-1998 0001 11-20-1998 1348	48
MCK	LAND IN 1	INSIDE LANDSCAPE FULL-TIME	11-05-1998 0001 11-19-1998 0001	01
MCK	LAND IN 2	INSIDE LANDSCAPE FULL-TIME	11-04-1998 0001 11-05-1998 0001	01
MCK	FACL	FACILITIES OFFICE	11-03-1998 0001 11-04-1998 0001	01
MCK	UNASSG	UNASSIGNED	10-28-1998 0001 11-03-1998 0001	01
MCK	A&O	ADMISSION & ORIENTATION	10-21-1998 1015 10-28-1998 0001	01
LEW	UNASSG	UNASSIGNED WORK DETAIL	10-13-1998 1921 10-21-1998 0516	16
OKL	UNASSG	UNASSIGNED HOLDOVER	09-23-1998 1800 10-13-1998 0830	30
ATL	UNASSG	UNASSIGNED WORK DETAIL	05-06-1998 0050 05-06-1998 0818	18
OKL	UNASSG	UNASSIGNED HOLDOVER	05-01-1998 1915 05-05-1998 0830	30
RCH	UNASSG	UNASSIGNED WORK DETAIL	03-26-1998 1851 05-01-1998 1508	08
OKL	UNASSG	UNASSIGNED HOLDOVER	03-18-1998 1815 03-26-1998 0920	20

BOPUK 540*23 * PAGE 001 * SENTENCE MONITORING 09-13-2006 COMPUTATION DATA 09:47:20 AS OF 09-13-2006

REGNO..: 51627-060 NAME: SIGGERS, KEVIN LAMAR

FBI NO..... 240532MA5 DATE OF BIRTH: 08-22-1970

ARS1..... MCK/A-DES

UNIT..... C QUARTERS....: C03-129L

DETAINERS..... NO NOTIFICATIONS: NO

PRE-RELEASE PREPARATION DATE: 12-18-2006

THE FOLLOWING SENTENCE DATA IS FOR THE INMATE'S CURRENT COMMITMENT.

THE INMATE IS PROJECTED FOR RELEASE: 06-18-2007 VIA GCT REL

----- OURRENT JUDGMENT/WARRANT NO: 030 -----

COURT OF JURISDICTION..... OHIO, NORTHERN DISTRICT

DOCKET NUMBER..... 4:97CR329 JUDGE....: GAUGHAN DATE SENTENCED/PROBATION IMPOSED: 08-05-1998 DATE COMMITTED..... 10-21-1998

HOW COMMITTED..... US DISTRICT COURT COMMITMENT

PROBATION IMPOSED..... NO

FELONY ASSESS MISDMNR ASSESS FINES COSTS NON-COMMITTED:: \$200.00 \$00.00 \$00.00

RESTITUTION...: PROPERTY: NO SERVICES: NO AMOUNT: \$1,268.00

-----CURRENT OBLIGATION NO: 010 -----

OFFENSE CODE...: 554

OFF/CHG: 18:2113(A)&(D) - ARMED BANK ROBBERY

SENTENCE PROCEDURE...... 3559 PLRA SENTENCE

SENTENCE IMPOSED/TIME TO SERVE.: 57 MONTHS TERM OF SUPERVISION....: 5 YEARS CLASS OF OFFENSE..... CLASS B FELONY DATE OF OFFENSE..... 10-08-1997

SENTENCE MONITORING 09-13-2006 BOPUK 540*23 * PAGE 002 COMPUTATION DATA 09:47:20 AS OF 09-13-2006 REGNO..: 51627-060 NAME: SIGGERS, KEVIN LAMAR -----CURRENT OBLIGATION NO: 020 ------OFFENSE CODE...: 130 OFF/CHG: 18:924(C)(1) - USE OF A FIREARM DURING A CRIME OF VIOLENCE SENTENCE PROCEDURE..... 3559 PLRA SENTENCE SENTENCE IMPOSED/TIME TO SERVE.: 60 MONTHS TERM OF SUPERVISION....: 5 YEARS CLASS OF OFFENSE..... CLASS C FELONY RELATIONSHIP OF THIS OBLIGATION TO OTHERS FOR THE OFFENDER....: CONSECUTIVE DATE OF OFFENSE..... 10-08-1997 -----CURRENT COMPUTATION NO: 030 -----COMPUTATION 030 WAS LAST UPDATED ON 10-27-1999 AT MCK AUTOMATICALLY THE FOLLOWING JUDGMENTS, WARRANTS AND OBLIGATIONS ARE INCLUDED IN CURRENT COMPUTATION 030: 030 010, 030 020 DATE COMPUTATION BEGAN..... 08-05-1998 AGGREGATED SENTENCE PROCEDURE...: AGGREGATE GROUP 800 PLRA TOTAL TERM IN EFFECT..... 117 MONTHS TOTAL TERM IN EFFECT CONVERTED..: 9 YEARS AGGREGATED TERM OF SUPERVISION..: 5 YEARS 9 MONTHS

FROM DATE

THRU DATE

10-14-1997 08-04-1998

EARLIEST DATE OF OFFENSE.....: 10-08-1997

JAIL CREDIT....:

MCK2G 531.01 * INMATE HISTORY * 08-30-2006
PAGE 001 * WRK DETAIL * 15:00:43

REG NO..: 51627-060 NAME....: SIGGERS, KEVIN LAMAR CATEGORY: WRK FUNCTION: PRT FORMAT:

		DECENTAGE		/		/
FCL		DESCRIPTION	•		STOP DATE,	TIME
MCK	I CABLE 1	CABLE 1	06-19-2006			0001
MCK	I MILL 1	MILL 1			06-19-2006	
MCK	VACATION	VACATION			09-28-2005	
MCK	I MILL 1	MILL 1			09-26-2005	
MCK	VACATION	VACATION	1.7		07-27-2005	
MCK	I MILL 1	MILL 1			07-26-2005	
MCK	I PROD.1	PRODUCTION 1			05-05-2005	
MCK	VACATION	VACATION			02-12-2005	
MCK	I PROD.1	PRODUCTION 1			02-10-2005	
MCK	VACATION	VACATION			09-28-2004	
MCK	I PROD.1	PRODUCTION 1			09-24-2004	
MCK	IDLE	IDLE			02-28-2004	
MCK	I PROD.1	PRODUCTION 1	01-12-2004	0001	02-26-2004	0800
MCK	UNASSG	UNASSIGNED	12-23-2003	1021	01-12-2004	0001
MCK	SHU UNASSG	SHU UNASSIGNED	11-18-2003	1200	12-23-2003	1021
MCK	I MILL 1	MILL 1	03-14-2003	0001	11-18-2003	1200
MCK	IDLE	IDLE	03-12-2003	0707	03-14-2003	0001
MCK	I MILL 1	MILL 1	02-04-2003	0001	03-12-2003	0707
MCK	IDLE	IDLE	02-03-2003	0649	02-04-2003	0001
MCK	I MILL 1	MILL 1	11-24-2001	0001	02-03-2003	0649
MCK	VACATION	VACATION	11-23-2001	0001	11-24-2001	0001
MCK	I MILL 1	MILL 1	09-10-2001	0001	11-23-2001	0001
MCK	IDLE	IDLE	09-07-2001	0853	09-10-2001	0001
MCK	I MILL 1	MILL 1	08-24-2001	0001	09-07-2001	0853
MCK	I PROD.1	PRODUCTION 1	06-22-2001	0001	08-24-2001	0001
MCK	UNASSG	UNASSIGNED	06-20-2001	1123	06-22-2001	0001
MCK	SHU UNASSG	SHU UNASSIGNED	05-24-2001	0826	06-20-2001	1123
MCK	I PROD.1	PRODUCTION 1	03-06-2001	0001	05-24-2001	0826
MCK	I MILL 1	MILL 1	01-10-2001	0001	03-06-2001	0001
MCK	UNASSG	UNASSIGNED	01-09-2001	1000	01-10-2001	0001
MCK	SHU UNASSG	SHU UNASSIGNED	12-21-2000	1059	01-09-2001	1000
MCK	I MILL 1	MILL 1	09-20-2000	0001	12-21-2000	1059
MCK	I PROD.1	PRODUCTION 1	08-17-2000	0001	09-20-2000	0001
MCK	IDLE	IDLE	08-15-2000	0834	08-17-2000	0001
MCK	I PROD.1	PRODUCTION 1	06-29-2000	0001	08-15-2000	0834
MCK	KITCHEN AM	KITCHEN AM	02-15-2000	1421	06-29-2000	0001
MCK	DIN RM AM	DINING ROOM AM			02-15-2000	
MCK	CONV	CONVALESCENT	12-27-1999	0839	12-31-1999	0001
MCK	DIN RM AM	DINING ROOM AM			12-27-1999	
MCK	IDLE	IDLE	12-16-1999	0826	12-17-1999	0001
MCK	DIN RM AM	DINING ROOM AM			12-16-1999	
				-		

G0002 MORE PAGES TO FOLLOW . . .

MCK2G 531.01 * INMATE HISTORY * 08-30-2006 PAGE 002 OF 002 * WRK DETAIL * 15:00:43

REG NO..: 51627-060 NAME....: SIGGERS, KEVIN LAMAR CATEGORY: WRK FUNCTION: PRT FORMAT:

FCL	ASSIGNMENT	DESCRIPTION	START DATE/	TIME	STOP DATE	/TIME
MCK	FD SVC	FOOD SERVICE	11-18-1999	0001	11-19-1999	1007
MCK	UNASSG	UNASSIGNED	11-09-1999	1110	11-18-1999	0001
MCK	SHU UNASSG	SHU UNASSIGNED	09-29-1999	2320	11-09-1999	1110
MCK	I ASEMBLY1	ASSEMBLY 1	09-28-1999	0001	09-29-1999	2320
MCK	VACATION	VACATION	09-27-1999	0001	09-28-1999	0001
MCK	I ASEMBLY1	ASSEMBLY 1	06-09-1999	0001	09-27-1999	0001
MCK	IDLE	IDLE	06-08-1999	0958	06-09-1999	0001
MCK	I ASEMBLY1	ASSEMBLY 1	05-25-1999	0001	06-08-1999	0958
MCK	I LAYUP 1	LAYUP 1	04-13-1999	1304	05-25-1999	0001
MCK	LAYUP 1	LAYUP 1	03-23-1999	0001	04-13-1999	1304
MCK	KITCHEN AM	KITCHEN AM	01-14-1999	0001	03-23-1999	0001
MCK	IDLE	IDLE	01-13-1999	0716	01-14-1999	0001
MCK	KITCHEN AM	KITCHEN AM	12-02-1998	0001	01-13-1999	0716
MCK	DIN RM AM	DINING ROOM AM	11-20-1998	1348	12-02-1998	0001
MCK	FD SVC	FOOD SERVICE	11-19-1998	0001	11-20-1998	1348
MCK	LAND IN 1	INSIDE LANDSCAPE FULL-TIME	11-05-1998	0001	11-19-1998	0001
MCK	LAND IN 2	INSIDE LANDSCAPE FULL-TIME	11-04-1998	0001	11-05-1998	0001
MCK	FACL	FACILITIES OFFICE	11-03-1998	0001	11-04-1998	0001
MCK	UNASSG	UNASSIGNED	10-28-1998	0001	11-03-1998	0001
MCK	A&O	ADMISSION & ORIENTATION	10-21-1998	1015	10-28-1998	0001
LEW	UNASSG	UNASSIGNED WORK DETAIL	10-13-1998	1921	10-21-1998	0516
OKL	UNASSG	UNASSIGNED HOLDOVER	09-23-1998	1800	10-13-1998	0830
ATL	UNASSG	UNASSIGNED WORK DETAIL	05-06-1998	0050	05-06-1998	0818
OKL	UNASSG	UNASSIGNED HOLDOVER	05-01-1998	1915	05-05-1998	0830
RCH	UNASSG	UNASSIGNED WORK DETAIL	03-26-1998	1851	05-01-1998	1508
OKL	UNASSG	UNASSIGNED HOLDOVER	03-18-1998	1815	03-26-1998	0920

G0000 TRANSACTION SUCCESSFULLY COMPLETED

UNICOR Federal Prison Industries, Inc.	Industrial Employment/IPRS Action Report				
1. Type of Report:	UNICOR Action = 1 IPRS Action = 2 Both = 3				
2. If UNICOR Action	Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26 Enter 2 For Change In Employment Status, Complete Items 4-21, and 26 Enter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26				
3. If IPRS Action	Enter 2 For Enrollment, Complete Items 4-6, 19 Enter 3 For Completion, Complete Items 4-6, 19 Enter 4 For Withdrawal, Complete Items 4-6, 19, 22				
4. Register Number 5 1 6 7 0 6 0 S	5. Resident Name (Last, First, Middle) 6. Institution Code				
Action Recommended From: 7. Job 8. Grade 9. Industry Number 1 - 4 Code	10. Wage 11. Dot 12. Position Title Plan Code				
To: 13. Job 14. Grade 15. Industry Number 1 - 4 Code	1 = Hourly 2 = G.P.W. 3 = P.W. 15. M. D. 18. Position Title Plan Code 18. Position Title				
19. Effective Date 20 Month, Day, Year	Time of Action 21. Check One: AM PM				
	vity Status				
	rate Of Enrollment Month, Day, Year				
25. Total Inn	nate Hours Involved				
26. Signatures: Recommended By	Foreman Date: Plant Superintendent Date:				
Approved By	Ass't Supt. Or Business Mgr. Date: Timekeeper Date:				

FP1 Form 96 (9/98)

in parastr

114.00

where the complete the complete

FPI Form 96 (9/98)

Entered On Payroll Records 🕹

Inmate's Name: <u>Kevin Sigger</u>	s F	Register Numbe	er: <u>51627-060</u>
Institution Code: 2	31	industry Code:	MCFT
Job Description: <u>Industrial Clea</u>	aner	Departme	nt: Production
Duties: Responsible for cleaning assi Loads dumpsters and removes trash f maintains saw dust dumpster. Other of assigned in UNICOR.	rom throughout the fac	ctory. Removes of	f-fall from panel saws and
I have instructed inmatei			
includes standard maintenance			
Chula Mala Foreman		-	9-27-01 Date
I have received proper instr	uction on how to	implement my	job assignment. If I
have any problem with implem	enting my assigne	ed job, I am i	nstructed to contact
my foreman immediately	·> 5/1/2	7660	4-26-01
Signature of Inmate	, 00	er Number	Date

Inmate's Name: SIGGE	RS, KEVIN	Register Number	r:51627-060
Institution Code:	231	Industry Code:	
		~ .	
Job Description: Borin	g Machine Operator (He	ori 1) Departmen	t: Assembly 1
Duties: Responsible for the			
holes in laminated particlebo duties as assigned in UNICO	ard. responsible for the c R	quantity and quality of all p	parts produced. All other
	e.e.		
I have instructed inma	te SIGGERS	Reg. No.	ir
the proper procedures	in which to impl	ement his assigned	work detail, which
	_	_	
includes standard main	tenance, salety pr	ocedures, and routi	ne use.
Charland			JULY 13, 1999
Foreman			Date
have received proper	instruction on ho	w to implement my j	ob assignment. If I
ave any problem with :	implementing my as	signed job, I am in	structed to contact
y foreman immediately.			
/ / // // // / c	•		
Kann Duch	S1100	17-060	7-13-99
Signature of inmate	e Re	gister Number	Date

Inmate's Name: Sigger	s, Kevin	Register N	umber:	51627-060
Institution Code:	231	Industry C	ode:	MCFT
Job Description: Wood	working Shophand	Depai	ctment:	Lavun 1
	·	•	-	
Duties: Responsible for stac	ting aughioning and a		ourse local	with start starting
Responsible for visually inspe	ecting all materials bein			
duties as assigned in UNICO	R.			
I have instructed inma	te KEUINI L. Sigg	Ers Sa. Reg.	. No. 5/	627.060 in
the proper procedures				
	_		_	
includes standard main	tenance, safety p	rocedures, and	routine	use.
,) /				. 2 . 6 6
James .	······································		4-	12-99 Date
Oleman				Date
I have received proper	instruction on h	ow to implement	mv iob	assignment. If I
have any problem with		ssigned job, i a	am Instr	ucted to contact
my foreman immediately	•			
1 05 - 1				
Signature of Inmate	<u> </u>	5/627060 Register Number	_	4-/2-99 Date
Signature of Inmate		Register Number		Date

Case 1:04-cv-00011-SJM-SPB Document 68-26 Filed 02/02/2007 Page 14 of 81 FEDERAL PRISON INDUSTRIES, Inc.

UNICOR - MCKEAN

P.O. BOX 8000

Phone #(814) 362-8900 Fax #(814) 362-4151 MEMORANDUM

DATE: September 30, 1999

REPLY TO:

ATTN OF Martin Sapko, Factory Manager.

SUBJECT: Issuance of Safety Glasses

TO: New UNICOR Inmate Workers

Effective immediately, all workers who are required to wear safety glasses will be furnished one (1) pair of safety glasses, These safety glasses may e kept in the housing unit or work locker. However, regardless of where you store them, they are your responsibility and must be well be cared for. If you lose your safety glasses, \$5.00 will be deducted from your monthly UNICOR pay at the end of the month for each pair lost, Safety glasses are required for all production workers and must be worn everywhere on the factory floor.

I received one (1) pair of safety glasses on 6 - 29 - 00, and I agree to the above conditions.

Signature:

Mamo.

Req. Number:

L. Siggens Sa

5/627066

FACTORY RULES AND REGULATIONS

. 🖊			
	`		
NAME LEVIN L-Sico	ERS UNIT CA	LOCKER#	Curt
7/	<u> </u>	EOCKERII	CHI#

- INMATE WORKERS ARE FORBIDDEN TO LEAVE THE DEPARTMENT TO WHICH THEY ARE ASSIGNED, UNLESS THEY 1. RECEIVE PERMISSION FROM THEIR FOREMAN OR SUPERVISOR. WHEN ENTERING ANOTHER DEPARTMENT, THEY MUST REPORT IMMEDIATELY TO THE SUPERVISOR IN CHARGE. INMATE WORKERS ON CALL-OUT MUST NOTIFY THEIR FOREMAN OR SUPERVISOR PRIOR TO LEAVING ON A CALL-OUT, AND ONCE THEY RETURN FROM A CALL-OUT.
- 2. ALL INMATES MUST WEAR STEEL TOE SAFETY SHOES WHILE WORKING IN UNICOR.
- 3. SAFETY GLASSES MUST BE WORN AT ALL TIMES WHILE IN THE FACTORY.
- 4. HEARING PROTECTION MUST BE WORN AT ALL STATIONS DESIGNATED AS HIGH NOISE LEVEL AREAS.
- 5. INMATES WILL PREFORM ANY ASSIGNED DUTIES GIVEN TO THEM BY ANY FOREMAN OR SUPERVISOR.
- INMATE WORKERS WILL ONLY PERFORM TASKS THAT ARE ASSIGNED TO THEM. OPERATING ANY MACHINERY OR 6. EQUIPMENT, OR PERFORMING ANY OPERATION THAT HAS NOT BEEN SPECIFICALLY ASSIGNED BY A SUPER-VISOR IS STRICTLY FORBIDDEN AND WILL BE SUBJECT TO AN INCIDENT REPORT.
- 7. OPERATING ANY EQUIPMENT WITHOUT USING THE SAFETY GUARDS PROVIDED, OR REMOVAL OF SAID GUARDS IS FORBIDDEN AND SUBJECT TO DISCIPLINARY ACTION.
- 8. HORSEPLAY WILL NOT BE TOLERATED AND IS SUBJECT TO REMOVAL FROM UNICOR EMPLOYMENT.
- 9. FORKLIFT OPERATORS ARE THE ONLY ONES AUTHORIZED TO RIDE ON THE FORKLIFTS. DO NOT RIDE ON THE FORKLIFTS OR PALLET-TRUCKS.
- REPORT ALL SAFETY HAZARDS TO YOUR SUPERVISOR IMMEDIATELY. DO NOT CONTINUE TO WORK UNDER 10. UNSAFE CONDITIONS.
- 11. ALL INJURIES, NO MATTER HOW MINOR, SHOULD BE REPORTED TO YOUR SUPERVISOR IMMEDIATELY.
- 12. ALL INMATE WORKERS ARE PROHIBITED FROM BRINGING PERSONAL PROPERTY INTO, OR TAKING UNAUTHORIZED ITEMS OUT OF, UNICOR.
- 13. THE FABRICATION OR REPAIR OF PERSONAL ITEMS ON GOVERNMENT EQUIPMENT IS AGAINST THE REGULATIONS AND IS PROHIBITED IN THE UNICOR FACTORY.
- 14. THERE WILL BE ABSOLUTELY NO SMOKING IN THE FACTORY, EXCEPT IN DESIGNATED AREAS. ANY VIOLATION OF THIS RULE WILL RESULT IN AN IMMEDIATE INCIDENT REPORT AND POSSIBLE DISMISSAL FROM UNICOR EMPLOYMENT.
- 15. WORK STOPS 10 MINUTES PRIOR TO LUNCH FOR TOOL CALL AND WASH UP, AND 20 MINUTES PRIOR TO RECALL FOR TOOL CHECK IN, AREA CLEAN UP, AND TO WASH UP.
- 16. INMATES WHO RECEIVE A DISCIPLINARY SEGREGATION SANCTION ARE SUBJECT TO TERMINATION FROM UNICOR EMPLOYMENT, AND WILL BE PLACED ON THE NON-PRIORITY UNICOR WAITING LIST.
- 17. INMATES WHO HAVE TRANSFERRED FROM ANOTHER INSTITUTION DUE TO DISCIPLINARY REASONS WILL BE PLACEDON THE NON-PRIORITY UNICOR WAITING LIST.

I understand the above rules and regulations, and understand that disregard for any of the above shall constitute a reason for my termination from UNICOR Employment.

Register No: 5 (627060 Date: 6-29.00

FEDERAL CORRECTIONAL INSTITUTION HOSPITAL FCI MCKEAN, PA	TO: ALL CONCERNED OF LONGE IN WORK CLASSIFICATION STATUS TO: ALL CONCERNED OF LONG LONG LONG LONG LONG LONG LONG LONG	(.) IDLE: Reason (.) CONVALESCENCE: List any restricted activity for medical reasons. THRU 12 MIDNIGHT 19— THRU 12 MIDNIGHT 19— (.) RESTRICTED DUTY: Specify exact restriction and reason. THRU 12 MIDNIGHT 19—	() TOTALLY DISABLED: NO Le mutt, On physician Assistant Physician or Physician Assistant	DEFINITIONS AND INSTRUCTIONS Formula is ability not to exceed three days duration including weekends and holidays. Restricted to room except for meals, barbering, religious services, sick call, visits and call outs. No recreation activity. CONVALESCENT STATUS - Recovery period for operation, injury, or serious lilness. Not less than four days and not to exceed thirty days, subject to renewal. Excused from work and may not participate in any recreational activities outside the unit. FESTRICTED DUTY - Restricted from the period for operation of the properties of
	IDLE, TO: ALL CON INMATE'S NA For Medical puri MEDICAL C	(.) IDLE: Reason (.) CONVALESCE (.) RESTRICTED	() TOTALLY (() FULL DUT)	IDLE STATUS - tempor call, visits and call out CONVALESCENT STAT and may not participate and may not participate TOTALLY DISABLED - FULL BUTY - No work



UNICOR Industrial Employment/IPRS Action Report

1. Type Of Report: UNICOR Action = 1 IPRS Action = 2 I	3oth = 3			
2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26 Enter 2 For Change in Employment Status, Complete Items 4 - 21, and 26 Enter 3 For Termination Of Employment, Complete Items 3, 4 - 12, 19 - 23, 26				
Enter 3 For Completion, Complete Ite	3. If IPRS Action Enter 2 For Enrollment, Complete Items 4 - 6, 19 Enter 3 For Completion, Complete Items 4 - 6, 19 Enter 4 For Withdrawal, Complete Items 4 - 6, 19 22			
4. Register Number 5. Resident Name (Last, Firs	t, Middle)	6. Institution Code		
Action Recommended				
From: 7. Job 8. Grade 9. Industry 10. Wage 11. Dot Number 1 - 4 Code Plan Code	12. Position Title			
0123 467 2 76968 6054	HP HRK S	ON AR SO		
1 = Hourly				
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	ice			
13. Job 14. Grade 15. Industry 16. Wage 17. Dot Number 1 - 4 . Code Plan Code	18. Position Titlé			
ф				
19. Effective Date 20. Time Of Action 21. Check One: AM PM				
Month, Day, Year				
22. Reason For Termination Of Employment Or Withdrawal				
1 = Released 2 = Transferred 3 = Program Change	4 = Inmate Request			
· · · · · · · · · · · · · · · · · · ·	nstitutional Needs			
23. Continuation of Longevity Status 1 = yes 0 = no 2 = no (For use only when termination	is for release (MR or parole)			
(101 dae only when termination	To for follows (init of parolo).			
24. Date Of Enrollment Month, Day, Year				
25. Total Inmate Hours Involved				
26. Signatures:				
Recommended By	Foreman	Date: 4/1/30 2		
necommended by	_ / 0/6/11411	Date.		
Approved By	_ Plant Superintendent	Date:		
Approved By	_ Ass't Supt. Or Business Mgr.	Date:		
Entered On Payroll Records	_ Timekeeper	Date:		
Di Roward Form 96 White	Green			

Distribution:



Industrial Employment/IPRS Action Report

1. Type Of Report: UNICOR Action = 1 IPRS Action = 2	Both = 3
	tems 3, 4-6, 13-21, 24, and 26 Status, Complete Items 4 - 21, and 26 nent, Complete Items 3, 4 - 12, 19 - 23, 26
3. If IPRS Action Enter 2 For Enrollment, Complete Ite Enter 3 For Completion, Complete It Enter 4 For Withdrawal, Complete It	ems 4 - 6, 19
4. Register Number 5. Resident Name (Last, Fire	st, Middle) 6. Institution Code
Action Recommended	
From: 7. Job 8. Grade 9. Industry 10. Wage 11. Dot Number 1 - 4 Code Plan Code	12. Position Title
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	ntice
To: 3 = P.W. ↓ 13. Job 14. Grade 15. Industry 16. Wage 17. Dot Number 1 - 4 Code Plan Code	18. Position Title
19. Effective Date Month, Day, Year	21. Check One: AM PM
<u> </u>	T.
22. Reason For Termination Of Employment Or Withdrawal	
1 = Released 2 = Transferred 3 = Program Change 5 = Program Discontinued 6 = Control Purposes 7 = 1	4 = Inmate Request Institutional Needs
23. Continuation of Longevity Status 1 = yes 0 = no 2 = no (For use only when termination	n is for release (MR or parole).
24. Date Of Enrollment Month, Day, Year	
25. Total Inmate Hours Involved	
26. Signatures:	
Recommended By	Foreman Date:
Approved By	Plant Superintendent
Approved By	Ass't Supt. Or Business Mgr. Date:
Entered On Payroll Records	Timekeeper Date:
P. Revisart Form 96	Green

Distribution:

White------ Business office Canary------ Terminal operator

---- Foreman

FPI Form 96 (9/98)

Entered On Payroll Records

Timekeeper

UNICOR Industrial Employment/IPRS Action Rep	ort
1. Type of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3	
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3. If IPRS Action Enter 2 For Enrollment, Complete Items 4-6, 19 Enter 3 For Completion, Complete Items 4-6, 19 Enter 4 For Withdrawal, Complete Items 4-6, 19, 22	
4. Register Number 5. Resident Name (Last, First, Middle) 6. Institution	. 1
51627-060 SIGGERS, KEVIN 23	1
Action Recommended From:	118.1
7. Job 8. Grade 9. Industry 10. Wage 11. Dot 12. Position Title Number 1 - 4 Code Plan Code	
0 1 2 4 MCFT 1 7 6 9 6 8 7 0 5 4 MD WRK SHOPHAND	لِلــ
$ \begin{array}{ccc} 1 & = & \text{Hourly} \\ 2 & = & \text{G.P.W.} \\ \hline \text{To:} & 3 & = & \text{P.W.} \end{array} $	
13. Job 14. Grade 15. Industry 16. Wage 17. Dot 18. Position Title Number 1 - 4 Code Plan Code	
0 1 2 3 M C F T 3 7 5 9 6 8 7 9 5 4 W D W R K S H O P H A N D 19. Effective Date 20. Time of Action 21. Check One: AM PM	
Month, Day, Year 1 0 - 2 9 - 0 0	
22 . Reason For Termination Of Employment Or Withdrawal 1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request 5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs	
23. Continuation of Longevity Status 1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).	
24. Date Of Enrollment Month, Day, Year	
25. Total Inmate Hours Involved	
26. Signatures:	, , , , , , , , , , , , , , , , , , ,
Recommended By All Work Foreman Date: 18.13.1	<u>-70</u>
Approved By Annual Approved By A	<u> </u>
Approved By Ass't Supt. Or Business Mgr. Date:	20 - 41
Entered On Payroll Records / Williams + Timekeeper Date: // ///	

FPI Form 96 (9/98)
Distribution:

CERTIFICATION FOR EQUIPMENT

DEPARTMENT FOREMAN

I have instructed Inmate:	Siggers, Kevin	Reg. No.	51627-060
in the proper operation of the	e: * CNC ANDI TRAINEE		
including safety procedures,	routine use, and standard maintenanc	e.	
		Chuc	k Nolan
		Fo	reman
		Date: _	2/18/03
		Dept: N	Aill 1

INMATE

I have received the proper instructions on how to operate the above mentioned equipment. In case of a situation in which I have little or no knowledge about this occurrence, I am to contact my Foreman immediately to rectify any problems.

Signature of Inmate

Reg. No. _ 5/6.

2-18-07

FACTORY FOREMAN

I have observed the above inmate operating the equipment described above during my daily inspections of the factory and find that he is consistently observing proper procedures.

Factory Foreman

I have instructed Inmate

Reg. No.

51627-060

Factory Foreman

UNICOR, Federal Prison Industries, Inc. Federal Correction Institution McKean, PA 16701

CERTIFICATION FOR EQUIPMENT

DEPARTMENT FOREMAN

Siggers, Kevin

in the proper operation of the: PANEL SAW Z-32 (SCMI)
including safety procedures, routine use, and standard maintenance.
Foreman
Date: 1-3/-02
Dept: Mill 1
INMATE
I have received the proper instructions on how to operate the above mentioned equipment. In case of a
situation in which I have little or no knowledge about this occurrence, I am to contact my Foreman
immediately to rectify any problems.
Signature of Inmate
Reg. No. 5/627060
1/3/102
FACTORY FOREMAN

I have observed the above inmate operating the equipment described above during my daily inspections of

the factory and find that he is consistently observing proper procedures.

Inmate's Name: Siggers, Kevin	Register Number:
Institution Code: 231	Industry Code: MCFT
#2.	
Job Description: <u>Saw Operator (Z-32 Panel Saw)</u>	Department: Mill 1
Duties: Responsible for the proper set-up and safe open particleboard for the fabrication of work surfaces, drawer fit for the quantity and quality of all parts produced. All other	ronts, end panels and other parts. Responsible
I have instructed inmate Siggers, Kevin	
the proper procedures in which to implement	
ncludes standard maintenance, safety proced	ures, and routine use. $6-46$
Foreman	Date
have received proper instruction on how to	implement my job assignment. If I
ave any problem with implementing my assign	ed job, I am instructed to contact
y foreman immediately. Signature of Inmate Register	7060 3-15-02
'Alguature of inmate / Pegiste:	r Number

CERTIFICATATION FOR EQUIPMENT

DEPARTMENT FOREMAN

I have instructed inmate:	Kevin Siggers	Reg. No: 51627-060
in the proper use of the:	Tennon Machine	
including safety procedure	es, routine use, and standard maintenance.	
		Chall Modern

Date: July 14, 2003 Department: Mill 1

INMATE

I have received the proper instructions on how to operate the above-mentioned equipment. In case of a situation in which I have little or no knowledge about this occurrence, I am to contact my Foreman immediately to rectify any problems.

Signature of Inmate

Reg. No. 5/62701

FACTORY FOREMAN

I am certain that the above inmate is qualified for operating the equipment listed above and that he understands the proper and safe procedures that are necessary for the operation of the equipment.

Factory Foreman

UNICOR Federal Prison Industries, Inc.	Industrial	Employm	ent/IPRS Ac	tion Report
3 1. Type of Report:	UNICOR Action = 1 IF	PRS Action = 2 Both =	3	·
1	Enter 2 For Change Ir	n Employment Status,	4-6, 13-21, 24, and 26 Complete Items 4-21, and mplete Items 3, 4-12, 19-2	
2	Enter 3 For Completion	nt, Complete Items 4-6, on, Complete Items 4-6 al, Complete Items 4-6	, 19	
4. Register Number	5. Residen	t Name (Last, First, Mi	ddle)	6. Institution Code
5 1 6 2 7 0 6 0	IGGERS,	KEVIN		2 3 1
Action Recommended <u>From:</u> 7. Job 8. Grade 9. Industry Number 1 - 4 Code	10. Wage 11. Do Plan Co		12. Position Title	
0 1 2 4 M C F T T T T T T T T T	1 = Hourly 2 = G.P.W. 3 = P.W.	1	WD WRKS	HOPHAND
13. Job 14. Grade 15. Industry Number 1 - 4 Code	16. Wage 17. Do	ot ode	18. Position Title	AM PM
Month, Day, Year 0 5 - 2 9 - 0 0	0 7 1 0		2.1 0.000, ç.10	K L
22 . Reason For Termination 1 = Released 2 = Tran 5 = Program Discontinued 23. Continuation of Longevi 1 = yes 0 = no 2 = no	sferred 3 = Prograi i 6 = Control Purpos iity Status		- Maria Royan	
	ate Of Enrollment Mon	th, Day, Year		
25. Total Inm	ate Hours Involved			
26. Signatures:				
Recommended By	il - Nolan	Foreman		Date: <u>7-3-30</u>
Recommended By		Plant Superi	ntendent	Date: 7/4/1/
Approved By	. 7			Date:
Entered On Payroll Records	<u> </u>	Timekeeper		Date: 7/5/00 4

(This form may be replicated via WP) Replaces BP-148 of Oct 86

BP-S148.070 INMATE REQUEST TO STAFF MEMBER COFFRM UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF PRISONS MR. PIGROTTA (Name and Title of Officer) State completely but briefly the problem on which you desire assistance and what you think should be done (Give details). Would like My Jod Changed to ical Boring Machine on the ASSEMBLY SPOKE to MR. NOLAN AND WAS HSSEMBLU (Use other side of page if more space is needed) IN C-Siggers Sr. NAME: NO.: 5/627-060 LAY UP I WORK ASSIGNMENT: NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken. Do not write in this space) 5-19-29 DATE のたいけはへの Record Copy - File; Copy - Inmate

UNICOR FACTORY RULES AND SAFETY REGULATIONS FOR INMATE WORKERS

Name: KQUIN L. Siggens SR. Unit: 3 A Locker #____ Chit #_____ Chit #_____

- 1) INMATE WORKERS ARE <u>FORBIDDEN</u> TO LEAVE THE DEPARTMENT TO WHICH THEY ARE ASSIGNED, UNLESS THEY RECEIV PERMISSION FROM THEIR FOREMAN OR SUPERVISOR, WHEN ENTERING ANOTHER DEPARTMENT, THE INMATE MUS IMMEDIATELY REPORT TO THE SUPERVISOR IN CHARGE, INMATE WORKERS ON CALL-OUT MUST NOTIFY THEIR FOREMAN OF SUPERVISOR PRIOR TO LEAVING ON A CALL-OUT, AND ONCE THEY RETURN FROM A CALL-OUT.
- 2) ALL INMATES MUST WEAR STEEL TOE SAFETY SHOES WHILE WORKING IN UNICOR.
- SAFETY GLASSES MUST BE WORN AT ALL TIMES WHILE IN THE FACTORY.
- 4) HEARING PROTECTION MUST BE WORN AT ALL WORK STATIONS THAT ARE DESIGNATED AS HIGH NOISE LEVEL AREAS.
- 5) INMATES SHALL PERFORM ANY ASSIGNED DUTIES GIVEN TO THEM BY ANY FOREMAN OR SUPERVISOR.
- 6) INMATE WORKERS SHALL ONLY PERFORM TASKS THAT ARE ASSIGNED TO THEM. OPERATING ANY MACHINERY OR EQUIPMENT OR PERFORMING ANY OPERATION THAT HAS NOT BEEN SPECIFICALLY ASSIGNED BY A FOREMAN OR SUPERVISOR, IS STRICTLY FORBIDDEN. VIOLATORS SHALL BE SUBJECT TO DISCIPLINARY ACTION.
- 7). OPERATING ANY EQUIPMENT WITHOUT USING THE SAFETY GUARDS PROVIDED, OR THE REMOVAL OF ANY SAFETY GUARDS IS FORBIDDEN. FAILURE TO COMPLY SHALL RESULT IN DISCIPLINARY ACTION.
- 8) HORSE PLAY WILL NOT BE TOLERATED AND VIOLATORS ARE SUBJECT TO REMOVAL FROM UNICOR EMPLOYMENT.
- 9) DESIGNATED FORKLIFT OPERATORS ARE THE ONLY INDIVIDUALS AUTHORIZED TO OPERATE THE FORKLIFT. DO NOT RIDE ON THE FORKLIFT OR PALLET TRUCKS.
- 10) REPORT ALL SAFETY HAZARDS TO YOUR WORK SUPERVISOR IMMEDIATELY. DO NOT CONTINUE TO WORK UNDER UNSAFE CONDITIONS.
- 11) ALL INJURIES, NO MATTER HOW MINOR, SHOULD BE REPORTED TO YOUR SUPERVISOR IMMEDIATELY.
- 12) ALL INMATE WORKERS ARE <u>PROHIBITED</u> FROM BRINGING ANY PERSONAL PROPERTY INTO UNICOR OR REMOVING UNAUTHORIZED ITEMS FROM THE UNICOR FACTORY.
- 13) THE FABRICATION OR REPAIR OF PERSONAL ITEMS ON UNICOR EQUIPMENT IS AGAINST REGULATIONS AND IS STRICTLY PROHIBITED.
- 14) THERE WILL BE ABSOLUTELY <u>NO SMOKING</u> IN THE FACTORY, EXCEPT IN THE DESIGNATED SMOKING AREAS. ANY VIOLATION OF THIS RULE SHALL RESULT IN IMMEDIATE DISCIPLINARY ACTION AND POSSIBLE DISMISSAL FROM UNICOR EMPLOYMENT.
- 15) WORK STOPS TEN (10) MINUTES PRIOR TO LUNCH FOR WASH UP, AND TWENTY (20) MINUTES PRIOR TO RECALL FOR TOOL CHECK IN, AREA CLEAN UP, AND TO WASH UP.
- 16) INMATES WHO RECEIVE A <u>DISCIPLINARY SEGREGATION</u> SANCTION ARE SUBJECT TO TERMINATION FROM UNICOR EMPLOYMENT, LOSS OF LONGEVITY, LOSS OF GRADE AND SHALL BE PLACED ON THE NON-PRIORITY UNICOR WAITING LIST.
- 17) INMATES WHO HAVE BEEN DISCIPLINARY TRANSFERRED FROM ANOTHER INSTITUTION SHALL BE PLACED ON THE NON-PRIORITY UNICOR WAITING LIST.

•	*		
UNDERSTAND THE ABOVE RULES AND REGULATIONS, AND UNDERSTACONSTITUTE A REASON FOR MY TERMINATION FROM UNICOR EMPLOYM	AND THAT DISR	EGARD FOR ANY OF THE ABOVE	SHALL
il / O O O O O O O O O O O O O O O O O O	ent.		

NAME: Juin Dign. In REG. # 51627-060 DATE: 3:2270

MEMORANDUM

F.P.I. MCKEAN, PA

DATE:

Y TO

N OF: Debora Forsyth, Factory Manager

TECT: Issuance of Safety Glasses

TO: New UNICOR Inmate Workers

Effective immediately, all workers who are required to wear safety glasses will be furnished one (1) pair of safety glasses. These safety glasses may be kept in the housing unit or work locker. However, regardless of where you store them, they are your responsibility and must be well be cared for. If you lose your safety glasses, \$5.00 will be deducted from your monthly UNICOR pay at they end of the month for each pair lost. Safety glasses are required for all production workers and must be worn everywhere on the factory floor.

I received one (1) pair of safety glasses on Much 22,1999, and I agree to the above conditions.

Signature of Gum

Name

KEUIN C-Siggens SR

Reg. Number 5/627-060

CERTIFICATION FOR EQUIPMENT

DEPARTMENT FOREMAN

I have instructed Inmate: Siggers, Kevin	Reg. No	51627-060
in the proper operation of the: * CNC ANDI TRAINEE including safety procedures, routine use, and standard maintenance.		
		ck Nolan oreman
	Date:	2/18/03
	Dept:	Mill 1

<u>INMATE</u>

I have received the proper instructions on how to operate the above mentioned equipment. In case of a situation in which I have little or no knowledge about this occurrence, I am to contact my Foreman immediately to rectify any problems.

Signature of Inmate

Reg. No.

FACTORY FOREMAN

I have observed the above inmate operating the equipment described above during my daily inspections of the factory and find that he is consistently observing proper procedures.

Factory Foreman

14

Inmate's Name: Siggers, Kevin	Regis	ster Number:	- ^5 <u>1</u> 627 - 060
Institution Code: 23	1Indus	stry Code:	MCFT
•			
	, n	•	
Job Description: Router Operator	r Trainee - CNC ANDI	Department:	Mill 1
		·	
Duties: Responsible for learning the pr	oper procedures for setting	up and operatin	g the multiple spindle
CNC routing machine. Assists CNC	Operator to cut slats, groc	ves, designs or	recesses in laminated
particleboard. Responsible for the quan	itity and quality of all parts	produced. All ot	her duties as assigned
in UNICOR.			
I have instructed inmate Sigg	ers, Kevin	_ Reg. No	51627-060 <u> </u>
the proper procedures in which			
the proper procedures in which	M co implement mis	assigned wo	in detail, willen
includes standard maintenance,	safety procedures,	and routine	use.
~ 0		1	-/P-6-2
Foreman			-/8-63 Date
1 OI Ciliati			
i.	·		
I have received proper instruc	tion on how to imple	ement my job	assignment. If I
nave any problem with implemen	ting my assigned job	o, I am instr	ructed to contact
		•	
my foreman immediately.			
M. Lund	C1697011		7-18-02
Signature of Inmate			Date Date

Inmate's Name: Siggers, Key	/in	Register Number:_	51627-060
Institution Code:		Industry Code:	
Job Description: Woodworking	Shophand	Department:	Production
Duties: Performs any combination of also inspect parts for belmishes or de the quantity and quality of all parts h	efects. Off loads machi	ines and fill in where n	eeded. Responsible for
I have instructed inmate _Si	ggers, Kevin	Reg. No.51 <u>627</u> -	-060
in the proper procedures in includes standard maintenanc			
Charle-Mulan Foreman			ー心 -ひ。 Date
I have received proper instr	ruction on how to	implement my job	assignment. If I
have any problem with implem	enting my assign	ed job, I am inst	ructed to contact
my foreman immediately. Signature of Inmate	. Segist	27060 er Number	7-6-00 Date

1.50



UNICOR Industrial Employment/IPRS Action Report

Pederal Prison industries, inc.				
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4. Register Number 5. Resident Name (Last, First, Middle) 6. Institution Code 5.1.5.2.7.0.5.0.5.1.5.1.8.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1				
Action Recommended				
From: 7. Job 8. Grade 9. Industry 10. Wage 11. Dot 12. Position Title Number 1 - 4 Code Plan Code				
012				
2 = G.P.W. X = Apprentice				
To: 3 = P.W. ↓ 13. Job 14. Grade 15. Industry 16. Wage 17. Dot 18. Position Title Number 1 - 4 Code Plan Code				
[0] 1 2				
Month, Day, Year [0, 4]—, 2, 2—, 3, 4				
22. Reason For Termination Of Employment Or Withdrawal				
1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request 5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs				
23. Continuation of Longevity Status 1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).				
24. Date Of Enrollment Month, Day, Year				
25. Total Inmate Hours Involved				
26. Signatures:				
Recommended By Foreman Date: 4/3-29				
Approved By Plant Superintendent Date:				
Approved By Ass't Supt. Or Business Mgr. Date:				
Entered On Payroll Records Timekeeper Date:				

FPI Revised Form 96

Distribution:

White------ Business office Canary----- Terminal operator

Pink------ Placement



Industrial Employment/IPRS Action Report

3 1. Type Of Report:	UNICOR Action = 1 IPRS Action = 2 Both = 3		
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4. Register Number 5 1 6 2 7 0 6 0 5	5. Resident Name (Last, First, Middle) 6. Institution Code 耳ら日子耳らり 本男 マエオ 1 2 3 1		
Action Recommended			
7. Job 8. Grade 9. Industry 10. Number 1 - 4 Code	. Wage 11. Dot 12. Position Title Plan Code		
9 1 2 3 2 7 9 7	7 6 9 6 8 7 Q 5 4 N N N N N N N N N N N N N N N N N N		
	1 = Hourly 2 = G.P.W. X = Apprentice		
<u>To:</u> 13. Job 14. Grade 15. Industry 16. Number 1 4 Code	3 = P.W. ↓ . Wage 17. Dot 18. Position Title		
	Plan Code		
19. Effective Date 20. Time (Of Action 21. Check One: AM PM		
7 7 7 7 9 9	7 4 9		
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24. Date Of Enrollment Month, Day, Year			
25. Total Inmate	e Hours Involved		
26. Signatures:	6.11.12.4		
Recommended By	Foreman Date:		
Approved By	Plant Superintendent Date:		
Approved By	Ass't Supt. Or Business Mgr. Date:		
Entered On Payroll Records	Timekeeper Date:		
I Rowsod Form 96	White Business office Green		

Distribution:

White------ Business office Canary------ Terminal operator

Pink------ Foreman

Confidence and the property of th

UNICOR Industrial Employment/IPRS A	ction Report			
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4. Register Number 5. Resident Name (Last, First, Middle) β 1 6 2 7 0 6 0 S I G G E R S	6. Institution Code			
Action Recommended From: 7. Job 8. Grade 9. Industry 10. Wage 11. Dot 12. Position Title Number 1 - 4 Code Plan Code				
1 = Hourly 2 = G.P.W. 3 = P.W. 13. Job 14. Grade 15. Industry 16. Wage Plan Code 18. Position Title 18. Position Title 2. Code 19. Code 1	MIACH JOPER.			
19. Effective Date Month, Day, Year 20. Time Of Action 21. Check One: AM PM 21. Check One: AM PM X				
22. Reason For Termination Of Employment Or Withdrawal 1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request 5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs				
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24. Date Of Enrollment Month, Day, Year				
25. Total Inmate Hours Involved				
26. Signatures: Recommended By Foreman	Date:			
Approved By Approved By Approved By Ass't Supt. Or Business Mgr.	Date:			
Entered On Payroll RecordsTimekeeper	Date:			

FPI Revised Form 96

Distribution:

Production Worker's Training Record

(CHECKLIST) for

Inmate Name	Siggers	Keuin	Reg. Number	51627-060
	,			
1.) I have had	a department orientatio	on by my department super	visor.	
2.) I have read	and understand the Fa	ctory Rules and Safety Reg	gulations.	
3.) I have read	and understand the dep	partment procedures for my	y assigned area.	
4.) I have parti	cipated in the 3 credit l	hrs., Industrial Familiarizat	ion Class.	· ·
5.) Have had o	on the job training with	an experienced production	n worker.	
6.) I have read	and understand my Job	Description.		
7.) I have been	instructed on the MSD	S center in the Unicor Fac	tory.	
8.) I have famil and the role	iarized myself with IS I play in the system.	SO-9001-2000 standards, U	Jnicor McKeans Q.	M.S.,

Made		(Name)	/	//- >>
Inmate Signati	ure & Reg. Number	~ SI(aZ/1)(4)	(0)	Date
Charl.	n Ml		_6~/	6-03
Woodworking	Supervisor Signature			Date

TITLE:	TRAINING RECORD	CON	TROL NO.	1403	DATE:	6/11/03
Production -	UNICOR MCKEAN	REV:	Original	Issue	SHEET	1 OF 1

Case 1:04-cv-00011-SJM-SPB___Document 68-26__ Filed 02/02/2007 Page 36 of 81

Federal Prison Industries, Inc. Federal Correctional Institution McKean, Pa. 16701

	-		
Inmate's Name:	Siggers, Kevin	Register Numb	er: 51627-060
Institution Code:	231	Industry Code	:MCFT
Job Description:	Wood Working Shophane	dDepartm	ent: Mill 1
also inspect parts for b	lemishes or defects. Off le	eg: cutting, cleaning, moving, oads machines and fills in wh l other duties as assigned in l	tere needed. Responsible for
•	inmate <u>Siggers</u> ,	,	0. <u>51627-060</u> in
the proper proced	ures in which to i	implement his assigne	d work detail, which
includes standard Ome One Foreman	maintenance, safety	y procedures, and rou	9-20-00 Date
I have received pr	oper instruction or	n how to implement my	job assignment. If I
nave any problem w	ith implementing my	y assigned job, I am	instructed to contact
my foreman immedia	ja s	1607060 Register Number	9-2000 Date

PRODUCTION-1

JOB CHANGE

UNICOR Industrial Employment/IPRS Action Rep	ort
2 1. Type of Report UNICOR Action = 1 IPRS Action = 2 Both = 3	
2 If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24 and 26 Enter 2 For Change in Employment Status, Complete Items 4-21, and 26 Enter3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26	
2 3. If IPRS Action Enter 2 For Enrollment, Complete 4-6, 19 Enter 3 For Completion, Complete 4-6, 19 Enter 4 For Withdrawal, Complete 4-6, 19, 22	
4. Registration Number 5. Resident Name (Last, First, Middle) 6. Institution 5 1 6 2 7 - 0 6 0	
From: 7. Job 8. Grade 9. Industry 10. Wage I1. Dot 12. Position Title Number 1 - 4 Code Plan Code O 1 1 2 M C F T 1 6 6 7 6 8 2 0 2 2 P A N E L S A W O P E R A T 1 = Hourly	
2 = G.P.W. 3 = P.W. 13. Job 14. Grade 15. Industry 16. Wage 17. Dot 18. Position Title Number 1 - 4 Code Plan Code O 1 4 2 M C F T 1 2 2 1 1 6 7 0 1 4 M A T E R I A L C O O R D I N	J
19. Effective Date 20. Time of Action \ 21. Check One: AM PM Month, Day, Year \	
22. Reason For Termination Of Employment Or Withdrawal 1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request 5 = Fregram Discontinued 6 = Central Purposes A = Inatistica blacks	ند منشقه عدًا
23. Continuation of Longevity Status 1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).	
24. Date Of Enrollment Month, Day, Year	
25. Total Inmate Hours Involved ,	
26. Signatures: Recommended By Foreman Date: 4-7-05	
Approved By Plant Superintendent Date: Approved By Ass't Supt. Or Business Mgr. Date: Entered On Payroll Records Date:	- - -

FPI Form 96 (9/98)

Distribution:

1. Business Office

2. Terminal Operator

3. Placement

4. Foreman

UNICOR McKean Federal Prison Industries, Inc. Federal Correctional Institution McKean, Pa. 16701

JOB DESCRIPTION REPORT

Inmate's Name: Siggers,	Kevin	Register 1	Number: 5	1627-060
Institution Code:		Industry		
Job Description: Woodworl	king Shophand	(LAKOK) Depa	artment:_	Mill 1
Duties: Performs any combination also inspect parts for blemishes on the quality and quantity of all parts	r defects. Off loads	machines and fills i	n where need	ded. Responsible for
I have instructed inmate	Siggers, Kevi	n Reg. N	Jo. <u>5162</u> 7	·-060
in the proper procedures				
includes standard mainten	ance, safety p	rocedures, and	routine	use.
Mich			β	124/6/
Foreman				Date
I have received proper in	struction on h	low to implement	t my job	assignment. If]
have any problem with imp	lementing my a	ssigned job, I	am instr	ucted to contact
my foreman/immediately.	0			
Marie De la serie	5162	7-060		8/24/01
Signature of Inmate		Register Number		Date

UNICOR, Federal Prison Industries, Inc. Federal Correction Institution McKean, PA 16701

CERTIFICATION FOR EQUIPMENT

DEPARTMENT FOREMAN

Reg. No.

51627-060

Siggers, Kevin

I have instructed Inmate

in the proper operation of the: PANEL SAW Z-32 (SCMI)
including safety procedures, routine use, and standard maintenance.
Foreman
Date: 1-3/-02
Dept: Mill 1
<u>INMATE</u>
I have received the proper instructions on how to operate the above mentioned equipment. In case of a
situation in which I have little or no knowledge about this occurrence, I am to contact my Foreman
immediately to rectify any problems.
Signature of Inmate
Reg. No. 5/627060
1/3//02

FACTORY FOREMAN

I have observed the above inmate operating the equipment described above during my daily inspections of the factory and find that he is consistently observing proper procedures.

Factory Foreman

UNICOR McKean Federal Prison Industries, Inc. Federal Correctional Institution McKean, Pa. 16701

JOB DESCRIPTION REPORT

Inmate's Name: Siggers, Kev	rin Reg	ister Number:	51627-060
Institution Code: 233		ustry Code:	
NUMBER 2	-	. 35	
Job Description: <u>Saw Operator (Z</u>	Z-32 Panel Saw)	Department	: <u>Mill 1</u>
Duties: Responsible for the proper se particleboard for the fabrication of work			
for the quantity and quality of all parts p			
I have instructed inmatesi	ggers, Kevin	D	51627-060
the proper procedures in whic	h to implement h	is assigned w	ork detail, which
includes standard maintenance,	safety procedure	s, and routin	e use.
\			
XVI Cool		,	1/-13-01
Foreman	•		Date
)			
I have received proper instruc	tion on how to imp	plement my jo!	b assignment. If I
nave any problem with implement	ting my assigned ;	job, I am ins	tructed to contact
ny foreman immediately.			
	6		/ /- 41
May guild Dys	S 16270 G Register Nu	<u>, </u>	11-13-01
Signature of Inmate	Register Nu	ımber	Date

PRODUCTION-1	JOB C	HANGE	
UNICOR Federal Prison Industries, Inc.	Industrial Er	mployment/IPR	S Action Report
2 1. Type of Report	UNICOR Action = 1 IPRS Action	on = 2 Both = 3	
2 2 If UNICOR Action	Enter 2 For Change in Employe	plete items 3, 4-6, 13-21, 24 and 26 ment Status, Complete Items 4-21, a ployment, Complete Items 3, 4-12, 19	
2 3. If IPRS Action	Enter 2 For Enrollment, Completenter 3 For Completion, Completter 4 For Withdrawal, Completer 4 For Withdrawal, Completer 4 For Withdrawal, Complete 1 For Withdrawal, Complete 2 For Withdrawal, Complete 2 For Withdrawal	lete 4-6, 19	
4. Registration Number 5 1 6 2 7 - 0 6 0 Action Recommended		Name (Last, First, Middle)	6. Institution Code
From: 7. Job 8. Grade 9. Industry Number 1 - 4 Code O 1 1 2 M C F T	10. Wage Plan Code 1 6 6 7 6 8 2 1		osition Title
13. Job 14. Grade 15. Industry Number 1 - 4 Code O 1 4 2 M C F T 19. Effective Date Month, Day, Year O 4 - 0 7 - 0 5	Plan Code		ALCOORDINA AM PM X
22. Reason For Termination C 1 = Released 2 = T	ransferred 3 = Program Ch	ange 4 = Inmate Request	et warnet. Sold had audither adaption of which while had adaption to the second of the second and the second of the second and the second of t
23. Continuation of Longevity 1 = yes 0 = no 2		termination is for release (MR or parc	ole).
2	4. Date Of Enrollment Month, Da	ıy, Year	
25. Total Inn	nate Hours Involved		
26. Signatures: Recommended By		Foreman	Date: 4-7-05
Approved By		Plant Superintendent	Date:
Approved By	<u> </u>	Ass't Supt. Or Business Mgr.	Date:

FPI Form 96 (9/98)

Distribution:

1. Business Office

2. Terminal Operator

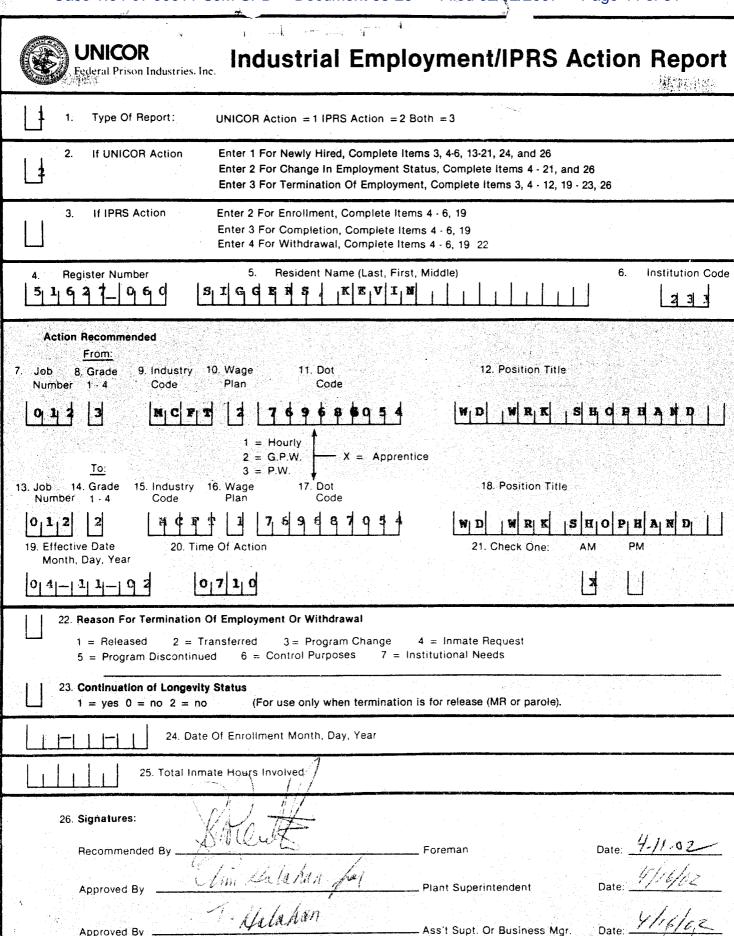
3. Placement

4. Foreman

Case 1:04	-cv-00011-SJM-SPB	Document 6	8-26 F	iled 02/02/2007	Page 42 of 81
UNIC	COR Industries, Inc.			ent/IPRS A	action Report
3 1. Type	of Report: UNICOR A	ction = 1 IPRS Actio	on = 2 Both =	3	
2. If UN	Enter 2 Fo	r Change In Employ	ment Status,	4-6, 13-21, 24, and 26 Complete Items 4-21, a mplete Items 3, 4-12, 19	
3. If IPF	Enter 3 Fo	r Enrollment, Compl r Completion, Comp r Withdrawal, Compl	lete Items 4-6	3, 19	
4. Register N	lumber 5.	Resident Name (Last, First, M	ddle)	6. Institution Code
5 1 6 2 7	-0 6 0 SIGG	e s ke	VIN		2 3 1
Action Recon	nmended				
<u>From:</u> 7. Job 8. Gra Number 1 -		11. Dot Code		12. Position Title	
q 1 2 2	MCFT 1	7 6 9 6 8 7 1 = Hourly 2 = G.P.W.	0 5 4		S H O P H A N D
<u>To:</u>	,	3 = P.W.			
13. Job 14. Gra Number 1 -	, _ ,	17. Dot Code	ko -	18. Position Title	
19. Effective Date Month, Day, Ye	20. Time of Ac	tion		21. Check One:	AM PM
a) 1 - 1 2		T			x
1 = R		3 = Program Chang		te Request Needs	
I I 1	inuation of Longevity Status es 0 = no 2 = no (For u	se only when termin	ation is for re	lease (MR or parole).	
	24. Date Of Enro	Ilment Month, Day,	Year		
	25. Total Inmate Hours	nvolved			
Approv Approv	ed By	In Lay	Foreman Plant Super Ass't Supt.	intendent Or Business Mgr.	Date: 1/2/64 Date: 1/2/64 Date: 1/2/64 Date: 1/3-04
	9				

UNICOR Federal Prison Industries, Inc.	Industrial Employme	ent/IPRS Action	Report
3 1. Type of Report:	UNICOR Action = 1 IPRS Action = 2 Both = 3		
2. If UNICOR Action	Enter 1 For Newly Hired, Complete Items 3, 4 Enter 2 For Change In Employment Status, C Enter 3 For Termination Of Employment, Con	Complete Items 4-21, and 26	
3. If IPRS Action	Enter 2 For Enrollment, Complete Items 4-6, Enter 3 For Completion, Complete Items 4-6, Enter 4 For Withdrawal, Complete Items 4-6,	19	
4. Register Number	5. Resident Name (Last, First, Mid	ddle) 6.	Institution Code
Action Recommended			
<u>From:</u> 7. Job 8. Grade 9. Industry Number 1 - 4 Code	10. Wage 11. Dot Plan Code	12. Position Title	
O 1 2 2 MCFT	1 = Hourly 2 = G.P.W. 3 = P.W. X = Apprentice	WD WRK SHOP	наир
13. Job 14. Grade 15. Industry Number 1 - 4 Code	16. Wage 17. Dot Plan Code	18. Position Title	,
19. Effective Date 20 Month, Day, Year	. Time of Action	21. Check One: AM P	м
1 2 - 1 9 - 0 3	0 7 1 0	x L	
1 = Released 2 = Trai	n Of Employment Or Withdrawal Insferred 3 = Program Change 4 = Inmated d 6 = Control Purposes 7 = Institutional N		
D 23. Continuation of Longev 1 = yes 0 = no 2 = no		ease (MR or parole).	
24. D	ate Of Enrollment Month, Day, Year		
25. Total Inn	nate Hours Involved		
26. Signatures:	(10.55
Recommended By	Foreman	Date:/	13-19-03
Approved By	Plant Superin	ntendent Date:	<u> </u>
Approved By	11- NI 1000000011	r Business Mgr. Date:	12/19/02
Entered On Payroll Record	ls Fimekeeper	Date: _ l	-11/(~)

FPI Form 96 (9/98)



FPI Revised Form 96

Distribution:

Entered On Payroll Records

White-

..... Business office

een-----Placement

Date:

Timekeeper



UNICOR

Federal Prison Industries. Inc.
1. Type Of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3
2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26 Enter 2 For Change In Employment Status, Complete Items 4 - 21, and 26 Enter 3 For Termination Of Employment, Complete Items 3, 4 - 12, 19 - 23, 26
3. If IPRS Action Enter 2 For Enrollment, Complete Items 4 - 6, 19 Enter 3 For Completion, Complete Items 4 - 6, 19 Enter 4 For Withdrawal, Complete Items 4 - 6, 19 22
4. Register Number 5. Resident Name (Last, First, Middle) 6. Institution Code 5 1 6 2 7 5 6 0 5 I G G E R S , K E V I N
Action Recommended From: 7. Job 8. Grade 9. Industry 10. Wage 11. Dot 12. Position Title Number 1 - 4 Code Plan Code
1 = Hourly 2 = G.P.W. X = Apprentice 13. Job. 14. Grade 15. Industry 16. Wage 17. Dot 18. Position Title
Number 1 - 4 Code Plan Code O 1 2 3
22. Reason For Termination Of Employment Or Withdrawal 1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request 5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs
23. Continuation of Longevity Status 1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).
24. Date Of Enrollment Month, Day, Year
25. Total Immate Hours Involved
26. Signatures: Recommended By Approved By Approved By Plant Superintendent Date: 3-21-02 Plant Superintendent
Approved By Approved By Ass't Supt. Or Business Mgr. Date: 3/2/62 3/2/62 Entered On Payroll Records Timekeeper Date: 3/2/62
Business office GreenPlacement

FPI Revised Form 96

Distribution:

White----- Business office

UNICOR Industrial Employment/IPRS Action Report
1 1. Type of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3
2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26 Enter 2 For Change In Employment Status, Complete Items 4-21, and 26 Enter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26
3. If IPRS Action Enter 2 For Enrollment, Complete Items 4-6, 19 Enter 3 For Completion, Complete Items 4-6, 19 Enter 4 For Withdrawal, Complete Items 4-6, 19, 22
4. Register Number 5. Resident Name (Last, First, Middle) 6. Institution Code 5 1 6 2 7 - 0 6 0 S I G G E R S , K E V I N
Action Recommended From: 7. Job 8. Grade 9. Industry 10. Wage 11. Dot 12. Position Title Number 1 - 4 Code Plan Code
0 1 2 3 M C F T 1 7 6 9 6 8 7 0 5 4 W D W R K S H O P H A N D 1 = Hourly 2 = G.P.W. 3 = P.W. 15. Industry 16. Wage Number 1 - 4 Code Plan Code 18. Position Title
19. Effective Date 20. Time of Action 21. Check One: AM PM Month, Day, Year
22 . Reason For Termination Of Employment Or Withdrawal 1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request 5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs 23. Continuation of Longevity Status 1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).
24. Date Of Enrollment Month, Day, Year
25. Total Inmate Hours Involved
26. Signatures: Recommended By Approved By Approved By Approved By Approved By Ass't Supt. Or Business Mgr. Entered On Payroll Records Approved By Timekeeper Date: 12951



Industrial Employment/IPBS Action Report

Federal Prison Industries, Inc.
1. Type of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3
2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26 Enter 2 For Change In Employment Status, Complete Items 4-21, and 26 Enter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26
3. If IPRS Action Enter 2 For Enrollment, Complete Items 4-6, 19 Enter 3 For Completion, Complete Items 4-6, 19 Enter 4 For Withdrawal, Complete Items 4-6, 19, 22
4. Register Number 5. Resident Name (Last, First, Middle) 6. Institution Code
5 1 6 2 7-0 6 0 S IG GE RS , KE V N 2 3 1
Action Recommended From: 7. Job 8. Grade 9. Industry 10. Wage 11. Dot 12. Position Title Number 1 - 4 Code Plan Code
0 1 2 4 M C F T 1 7 5 9 6 8 7 0 5 4 W D W R K S H O P H A N D X = Apprentice To: X = Apprentice
13. Job 14. Grade 15. Industry 16. Wage 17. Dot 18. Position Title Number 1 - 4 Code Plan Code
O 1 2 3 M C F T 3 7 6 9 6 8 7 O 5 4 W D W R K S H O P H A N D 19. Effective Date Month, Day, Year 20. Time of Action 21. Check One: AM PM PM PM PM PM PM PM
1 0 - 2 9 - 0 0 x x
22 . Reason For Termination Of Employment Or Withdrawal 1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request 5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs
23. Continuation of Longevity Status 1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).
24. Date Of Enrollment Month, Day, Year
25. Total Inmate Hours Involved
26. Signatures: Recommended By Approved By Approved By Approved By Approved By Ass't Supt. Or Business Mgr. Entered On Payroll Records Approved By Ass't Supt. Or Business Mgr. Date: 10.13-00 Date

FPI Form 96 (9/98)

Distribution:

White (Business Office)

Canary (Terminal Operator)

Pink (Placement)

Goldenrod (Foreman)

UNICOR Industrial Employment/IPRS A	ction Report
1. Type of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3	
2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26 Enter 2 For Change In Employment Status, Complete Items 4-21, an Enter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-	
3. If IPRS Action Enter 2 For Enrollment, Complete Items 4-6, 19 Enter 3 For Completion, Complete Items 4-6, 19 Enter 4 For Withdrawal, Complete Items 4-6, 19, 22	
4. Register Number 5. Resident Name (Last, First, Middle)	6. Institution Code
5 1 6 2 7 0 6 0 SIGGERS, KEVIK	2 3 1
Action Recommended	
<u>From:</u> 7. Job 8. Grade 9. Industry 10. Wage 11. Dot 12. Position Title Number 1 - 4 Code Plan Code	·
0 1 2 4 M C F T 1 7 6 9 6 8 7 0 5 4 W D W R K 5	S H O P H A N D
1 = Hourly 2 = G.P.W. To: X = Apprentice	
13. Job 14. Grade 15. Industry 16. Wage 17. Dot 18. Position Title Number 1 - 4 Code Plan Code	
19. Effective Date 20. Time of Action 21. Check One: Month, Day, Year	AM PM
0 6 - 2 9 - 0 0	x L
22 . Reason For Termination Of Employment Or Withdrawal	
1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request 5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs	
23. Continuation of Longevity Status 1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).	
24. Date Of Enrollment Month, Day, Year	
25. Total Inmate Hours Involved	
26. Signatures:	
Recommended By Chul - Nole Foreman	Date: 7-3-00
Approved By Approv	Date: 7/5/00
Approved By ———————————————————————————————————	Date: 7/2/60
Entered On Payroll Records Manager Timekeeper	Date:

Entered On Payroll Records

Timekeeper

Foreman

Date:

FPI Revised Form 96 October 1, 1982

Distribution:

Entered On Payroll Records

White----- Bus Canary----- Ter

--- Business office --- Terminal operator

0 1 2 4 M C F T 1 7 6 9 6 8 7 0 5 4 W D W R K S H O P H A N D 19. Effective Date Month, Day, Year 20. Time Of Action 21. Check One: AM PM X 1 2 2 2 2 2 3 9 9 0 7 1 0 X
22. Reason For Termination Of Employment Or Withdrawal 1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request 5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs
23. Continuation of Longevity Status 1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).
24. Date Of Enrollment Month, Day, Year
25. Total inmate Hours Involved
26. Signatures: Recommended By Date: 4-13-99
Approved By Jeong Forsyth Plant Superintendent Date: 4/16/99
Approved By Ass't Supt. Or Business Mgr. Date: 4/12/97
Entered On Payroll Records Ch Muramay Timekeeper Date: 413/99
Hevised Form 96 White Business office Green

UNICOR Industrial Employment/IPRS Action Report
1. Type Of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3
2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26 Enter 2 For Change In Employment Status, Complete Items 4 - 21, and 26 Enter 3 For Termination Of Employment, Complete Items 3, 4 - 12, 19 - 23, 26
3. If IPRS Action Enter 2 For Enrollment, Complete Items 4 - 6, 19 Enter 3 For Completion, Complete Items 4 - 6, 19 Enter 4 For Withdrawal, Complete Items 4 - 6, 19 22
4. Register Number 5. Resident Name (Last, First, Middle) 6. Institution Code 5 16 2 7— 0 6 0 S 1 6 6 R R S R R V 1 N
Action Recommended From: 7. Job 8. Grade 9. Industry 10. Wage 11. Dot Code 12. Position Title 1 = Hourly 2 = G.P.W. X = Apprentice 13. Job 14. Grade 15. Industry 16. Wage 17. Dot Code 19. Effective Date Month, Day, Year 22. Reason For Termination Of Employment Or Withdrawal 1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request 5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs
23. Continuation of Longevity Status 1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).
24. Date Of Enrollment Month, Day, Year
25. Total Inmate Hours Involved
26. Signatures: Recommended By Approved By Approved By Approved By Approved By Ass't Supt. Or Business Mgr. Date: 3/25/99 3/23/99
Entered On Payroll Records Timekeeper Date: Date:

FPI Revised Form 96 October 1, 1982

Distribution:

White----Canary--- Business office
Terminal operator

Filed 02/02/2007 Page 53 of 81

THERETONE 21'IS

NOTE: THIS FORM MUST BE SU TTED 2 WEEKS IN ADVANCE.

U.S. Department of Justice Federal Prison Industries, Inc.

REQUEST FOR INMATE VACATION

<u>INCO</u>	OLOT I OIX HAMATE	HOATION	9/10
Mill-1		•	September 6, 2005
(DEPARTMENT)			(DATE)
ALIE CICCERS KEVIN			E4697 060
AME: SIGGERS, KEVIN (FI	RST)	(RF	51627-060 EGISTRATION NUMBER)
(LAST) (11	FILE	Vano	
	CIIF		
I REQUEST TO TAKE DAY(S) OF	FF!	STARTING (ON: September 26, 200 5
		<u> </u>	(DATE)
AWA	RD DAYS ? (NO)		
LOCALISAT TO CACH IN MANAGEMENT	(0 VEQ) (0 N	0.)	
I REQUEST TO CASH IN MY VACATION: (MUST BE ANNIVERSARY DATE)	(○ YES) (③ N	(0)	
		//	
INMATES SIGNATURE: Manage	XXX	H1.	
	86-	<u>. </u>	
	APPROVED BY:		
	AFFROVED DT.	1.	Nelahan M
WORK SUPERVISOR)			(DEPARTMENT HEAD)
THE ABOVE NAMED INMATE STARTED UN	NICOR ON: Jan	uary 12, 2004	, AND HAS ACCUMULATED
36.15 HOURS VACATION.	AND 0.00)AWARD	- HOURS.
*			·•
	36.15 BEGINNII	NG HOURS.	!
	0.00 AWARD	HOURS USED.	
ļ.	36.15 ENDING	HOURS.	ļ
į			
·			
COMPUTED BY: Glen Rencher		REVIEWED BY:	(ASCOUNTANT)
(TIMEKEEPER)			(AOGGATAIN)
APPROVED:		DISAPPROVED:	
* * * DI EACE CT	ATE REASONS WHY	IE DISAPPROVED	* * *
PLEASE ST	MIE KENSONS WITT	II DIGAFFROVED.	
	7.		
SIGNATURE:			
(Superintendent of the	ndustries)		

CC: INMATE (1)

FACTORY OFFICE (1) **BUSINESS OFFICE (2)** Case 1:04-cv-00011-SJM-SPB Document 68-26

NOTE: THIS FORM MUST BE ? MITTED 2 WEEKS IN ADVANCE.





REQUEST FOR INMATE VACATION

Mill-1 (DEPARTMENT)	July 18, 2005
IAME: SIGGERS, KEVIN (LAST) (FIRST)	51627-060 (REGISTRATION NUMBER)
I REQUEST TO TAKE DAY(S) OFF!	STARTING ON: July 26, 2005 (DATE)
AWARD DAYS	? (NO)
I REQUEST TO CASH IN MY VACATION: (O YES) (MUST BE ANNIVERSARY PATE) INMATES SIGNATURE:	FILE COPY
M Lam APPE (WORK SUPERVISOR)	ROVED BY: (DEPARTMENT HEAD)
BUSINESS OF	FICE USE ONLY!!
THE ABOVE NAMED INMATE STARTED UNICOR ON:	January 12, 2004 , AND HAS ACCUMULATED
43.30 HOURS VACATION. AND	0.00 AWARD HOURS.
43.30 0.00 43.30 COMPUTED BY: Glen Rencher (TIMEKEEPER)	BEGINNING HOURS. AWARD HOURS USED. ENDING HOURS. REVIEWED BY: (ACCOUNTANT)
APPROVED:	DISAPPROVED:ONS WHY IF DISAPPROVED. * * *
SIGNATURE: (Superintendent of Industries) CC: INMATE (1)	

FACTORY OFFICE (1) BUSINESS OFFICE (2)

F.P.I Form 39

Officer

Pederal Bureau of Prisons	INMATE REQUEST TO STAFF MEM
TO: Mr. COCK	DATE: 4-14-05-
	title of officer)
Subject: State completely but briefly the problem on which	you desire assistance, and what you think should be done (Give deta
	12 112 11
MOTES DEAT "	to work IN MIII T the first TARLE KEEping
my grads (>) Two,	THE FIRST I HELE REEPING
	Thank you.
Tame: SIGHERS, KEVIN	No.: <u>5/627060</u>
ork assignment: A.M UNICONE	Unit: CB
no action being taken.	t can be disposed of more promptly and intelligently. You will a request. Your failure to specifically state your problem may resu
ISPOSITION: (Do not write in this spa	ce) DATE:
PRODITO MILCI OR W	JM HT.
5/5/05 W	nle 4-14-05
ADUKA FROM PROB. 1 TO MILCI OR W 5/5/05 Albora 4-14-05	EFFECTIVE \$ 4-19-05
Or 4-0-	
7	
Final - File	Officer

Case 1:04-cv-00011-S.IM-SPB Document 68-26 NOTE: THIS FORM MUST BE SMITTED 2 WEEKS IN ADVANCE.

ann i Bentier a ein addin Brandman an an malle na m a bin i mheanadheachd ann a



DEPARTMENT		10/18/00 PIU 30:00
	usic Kevin	51627060
NAME: LAST		REGISTRATION NUMBER
I REQUEST VACATION FROM	то	ACH IN -por 30:0
*I REQUEST TO WORK MY VA (MUST BE ANNIVERSARY DA INMATES SIGNATURE	ACATION AND RECEIVE PAY IN LIEU ATE).	OF TAKING THE DAYS OFF
APPROVED BY:		APPROVED BY:
WOLKSUPERDISOR		DEPARTMENT HEAD
THE ABOVE NAMED INMATE HAS ACCUMULATED 30:00 AT 7:15 DAY PER MONTH	HAS BEEN EMPLOYED IN INDUSTRIE AY AY AY AY I I I I I I I I I I I I I	ES SINCE /// 19 AND T IS PRESENTLY BEING EARNED
COMPUTED BY:	REVIEWED BY:	FINAL APPROVED BY: SUPERINTENDENT
TIMEREPER	ACCOUNTANT APPROVED:	DISAPPROVED PLEASE STATE REASONS WHY IF DISAPPROVED.
SIGNATURE		·

^{*}THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

Case 1:04-cv-00011-SJ NOTE: THIS FORM MUST BE	M-SPB Document 68-26 MITTED 2	Filed 02/02/2007 Page 57 of 81 U.S. Department of Justice
WEEKS IN ADVANCE.		Federal Prison Industries, Inc.
	REQUEST FOR INMATE	EVACATION S/19
POS I DEPARTMENT		8/7/04 DATE
NAME: LAST	FIRS KEUIN	5/607060 REGISTRATION NUMBER
I REQUEST VACATION FROM 9	,	2 dAYS
*I REQUEST TO WORK MY VACA (MUST BE ANNIVERSARY DATE) INMATES SIGNATURE		U OF TAKING THE DAYS OFF
APPBOVED BY:		APPROVED BY:
WORK SUPERVISOR		DEPARTMENT HEAD
BUSINESS OFFICE: THE ABOVE NAMED INMATE HA HAS ACCUMULATED 37./5 DAY AT 7:/5 DAY PER MONTH. (½) (1)		THES SINCE 1/12 19 2004, AND DIT IS PRESENTLY BEING EARNED
COMPUTED BY:	REVIEWED BY:	FINAL APPROVED BY:
TIMEKEEPER	ACCOUNTANT	SUPERINTENDENT
UNIT TEAM ACTION:	APPROVED:	DISAPPROVED PLEASE STATE REASONS WHY IF DISAPPROVED.

SIGNATURE_

^{*}THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

Case 1:04-cv-00011-SJM-SRB * Document 68-26 Filed 02/02/2007 Page 58 of 81

NOTE: THIS FORM MUST BE SULLITED 2 WEEKS IN ADVANCE.



DEPARTMENT DATE SIGGOUNG S	REQUEST FOR INMATE VACATION			1.1
NAME: LAST FIRST REGISTRATION NUMBER I REQUEST VACATION FROM TO I REQUEST TO WORK MY VACATION AND RECEIVE PAY IN LIEU OF TAKING THE DAYS OFF			// //3 /C 3	37.30
*I REQUEST TO WORK MY VACATION AND RECEIVE PAY IN LIEU OF TAKING THE DAYS OFF	5166685	KEVIN	51627-060	ľ
*I REQUEST TO WORK MY VACATION AND RECEIVE PAY IN LIEU OF TAKING THE DAYS OFF CASH 37 (MUST BE ANNIVERSARY DATE). INMATES SIGNATURE APPROVED BY: WORK SUPERVISOR DEPARTMENT HEAD BUSINESS OFFICE: THE ABOVE NAMED INMATE HAS BEEN EMPLOYED IN INDUSTRIES SINCE AND HAS ACCUMULATED 37.30 bay(s) VACATION. VACATION CREDIT IS PRESENTLY BEING EARNED AT 7/30 BAY PER MONTH. (1/2) (1) COMPUTED BY: REVIEWED BY: FINAL APPROVED BY: TIMEKEEPER ACCOUNTANT SUPERINTENDENT UNIT TEAM ACTION: APPROVED. PLEASE STATE REASONS WH DISAPPROVED.	NAME: LAST	FIRST	REGISTRATION NUMBER	_
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BUSINESS OFFICE: THE ABOVE NAMED INMATE HAS BEEN EMPLOYED IN INDUSTRIES SINCE AND HAS ACCUMULATED 37.36 DAY(S) VACATION. VACATION CREDIT IS PRESENTLY BEING EARNED AT 7136 DAY PER MONTH. (½) (1) COMPUTED BY: FINAL APPROVED BY: TIMEKEEPER ACCOUNTANT SUPERINTENDENT UNIT TEAM ACTION: APPROVED: PLEASE STATE REASONS WH DISAPPROVED.	hal ook		APPROVED BY:	
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PLEASE STATE REASONS WH DISAPPROVED.			_ / Nala	Jun H
	UNIT TEAM ACTION:	APPROVED:	PLEASE STATE RI	
SIGNATURE				

*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE.

(PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

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NOTE: THIS FORM MUST BE TITED 2 Document 68-26 WEEKS IN ADVANCE.



REQUEST FOR INMATE VACATION

Federal Correctional Institution Ray Brook, NY 12977

MIII 7 DEPARTMENT		6/2/63 DATÉ (0/16)
SIGGERS NAME: LAST	KEUIN	5/627-060 52:30
I REQUEST VACATION FROM_	TO	REGISTRATION NUMBER J OF TAKING THE DAYS OFF 52,30 (AS H)
APPROVED BY:		APPROVED BY:
	HAS BEEN EMPLOYED IN INDUSTR	
COMPUTED BY:	REVIEWED BY:	FINAL APPROVED BY:
UNIT TEAM ACTION:	APPROVED:	DISAPPROVED PLEASE STATE REASONS WHY IF DISAPPROVED.
SIGNATURE		

^{*}THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

Case 1:04-cv-00011-SJM-SPB Document 68-26

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U.S. Department of Justice
UNICOR
Federal Prison Industries, Inc.

REQUEST FOR INMATE VACATION

LAST FIRST ROMTO	DATE 7:30 IV REGISTRATION NUMBER APPROVED BY: DEPARTMENT HEAD NDUSTRIES SINCE 6/29 20, AND
TO TO Y VACATION AND RECEIVE PAY Y DATE).	REGISTRATION NUMBER IN LIEU OF TAKING THE DAYS OFF APPROVED BY: DEPARTMENT HEAD
TO TO Y VACATION AND RECEIVE PAY Y DATE).	REGISTRATION NUMBER IN LIEU OF TAKING THE DAYS OFF APPROVED BY: DEPARTMENT HEAD
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ATE HAS BEEN EMPLOYED IN I	NDUSTRIES SINCE 6/29 200 AND
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REVIEWED BY	: FINAL APPROVED BY:
ACCOUNTANT	SUPERINTENDENT
APPROVED	DISAPPROVED PLEASE STATE REASONS WHY IF DISAPPROVED.
	ONTH. REVIEWED BY ACCOUNTANT

*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

Case 1:04-cv-00011-SJM-SPB Document 68-26 NOTE: THIS FORM MUST BE SU TITED 2 WEEKS IN ADVANCE.

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U.S. Department of Justice
UNICOR
Federal Prison Industries, Inc.

MILL		6-03-02 670
EPARTMENT	A Company of the Comp	DATE 67/30
SIGGENS	KEVIN	51627060
AME: LAST	FIRST	REGISTRATION NUMBER
REQUEST VACATION FROM_	то	V A.
REQUEST TO WORK MY VAC	ATION AND RECEIVE PAY IN LIEU OF T	TAKING THE DAYS OFF
MATES SIGNATURE	<u>4 </u>	
PPROVED BY:		APPROVED BY:
N/1/(76/% ORK SUPERVISOR		PARTMENT HEAD
JSINESS OFFICE:		
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HE ABOVE NAMED INMATE H	IAS BEEN EMPLOYED IN INDUSTRIES SI	
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HE ABOVE NAMED INMATE HAS ACCUMULATED 30 DAY PER MONTH.	Y(S) VACATION. VACATION CREDIT IS	
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HE ABOVE NAMED INMATE HAS ACCUMULATED 30 DAY PER MONTH.	Y(s) VACATION. VACATION CREDIT IS	PRESENTLY BEING EARNED
HE ABOVE NAMED INMATE HAS ACCUMULATED 130 DAY PER MONTH. (1) (1) OMPUTED BY:	REVIEWED BY:	FINAL APPROVED BY: SUPERINTENDENT
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HE ABOVE NAMED INMATE HAS ACCUMULATED 30 DAY PER MONTH. OMPUTED BY: MEKEEPER	REVIEWED BY: ACCOUNTANT	FINAL APPROVED BY: SUPERINTENDENT DISAPPROVED PLEASE STATE REASONS WHY 1
HE ABOVE NAMED INMATE HAS ACCUMULATED 30 DAY PER MONTH. DAY PER MONTH. DMPUTED BY: MEKEEPER	REVIEWED BY: ACCOUNTANT	FINAL APPROVED BY: SUPERINTENDENT DISAPPROVED PLEASE STATE REASONS WHY I
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^{*}THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

Case 1:04-cv-00011-SJM-SPB Document 68-26
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WEEKS IN ADVANCE.

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U.S. Department of Justice UNICOR

Federal Prison Industries, Inc.

M±U I DEPARTMENT			<u>//- //- c</u>	22:30
DEPARTMENT			DATE	
	5 = 46 Ens.	House	5/627060	
NAME:	LAST	FIRST	REGISTRATION NUMBER	
I REQUEST VACAT	TION FROM / /23	_to_/24 () D	14)	
*I REQUEST TO W (MUST BE ANNIV		AND RECEIVE PAY IN LIE	U OF TAKING THE DAYS OFF	
Wisken I	July Land			
INMATÉS SIGNATI	URE /			
APPROXED BY:			APPROVED BY:	
Moras	H-			
WORK SUPERVISO	R		DEPARTMENT HEAD	
BUSINESS OFFICE:				,
		N EMPLOYED IN INDUSTI	RIES SINCE 6/23 19/19/20, AND	
the state of the s			DIT IS PRESENTLY BEING EARNED	
ATDÁY I				
(1/2)				
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/ C	<u> </u>	A COOLINE AND		Consult II
FIMEKEEPER		ACCOUNTANT	SUPERINTENDENT	
UNIT TEAM ACTIO	DN:	APPROVED:	DISAPPRO	VED
			PLEASE STATE REAS DISAPPROVED.	SONS WHY IF
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4				
SIGNATURE		· · · · · · · · · · · · · · · · · · ·		

^{*}THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

Case 1:04-cv-00011-SJM-SPB Document 68-26 TTED 2

NOTE: THIS FORM MUST BE S WEEKS IN ADVANCE.

A STATE OF THE PROPERTY OF THE Filed 02/02/2007 Page 63 of 81

U.S. Department of Justice

Federal Prison Industries, Inc.

<u> </u>				9/19/01 15 DATE	:00:
	Kenne				
	LAST	FIRST		S/6 27040 REGISTRATION NUMBER	
I REQUEST VACATION F	rom <u>7</u> 41 т	ro	,		
*I REQUEST TO WORK M		D RECEIVE PAY IN	LIEU OF TAI	KING THE DAYS OFF	· •
(MUST BE ANNIVERSAR	AT DATE).				
APPROVED BY:			AI	PPROVED BY:	
WORK SUPERVISOR			DEPA	ARTMENT HEAD	
BUSINESS OFFICE:		· · · · · · · · · · · · · · · · · · ·			
THE ABOVE NAMED INM	ATE HAS BEEN E	MPLOYED IN INDU	JSTRIES SINC	$\frac{6/39}{19^{368}}$, AND	
HAS ACCUMULATED <u>**</u>	DAY(S) VACA	TION. VACATION	CREDIT IS PR	RESENTLY BEING EARNED	
AT DAY PER M	ONTH.		ŧ		And the second
(½) (1)			ĺ		
COMPUTED BY:		REVIEWED BY:		FINAL APPROVE	D BY:
TIMEKEEPER	Ā	ACCOUNTANT	·	SUPERINTENDENT	
UNIT TEAM ACTION:		APPROVED:	·	DISAPPR	OVED
Olvii Ilaivii o				PLEASE STATE READISAPPROVED.	ASONS WHY IF
SIGNATURE	····				
*THIS REQUEST FOR PA	Y IN LIEU OF VAC	CATION MAY ONLY	BE MADE O	ON THE ANNIVERSARY DATE	

⁽PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

U.S. DEPARMENT OF JUSTICE INMATE REQUEST TO STAFF MEMBER Federal Bureau of Prisons DATE: 8-5-01 Subject: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details). No.: 5/627060 Unit: Work assignment: . NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken. DISPOSITION: (Do not write in this //space) DATE:_ WITH or Chalger Mal

Officer

Original - File Copy - Inmate Case 1:04-cv-00011-SJM-SPB Document 68-26

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4/39/01

REQUEST FOR INMATE VACATION

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Prod. I			ter of of
DEPARTMENT			DATE
	<i>;</i>		
	STERRE	Kryn	216 - 7 160 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
NAME:	LAST	FIRST	REGISTRATION NUMBER
REQUEST VACA	TION FROM	TO	
I REQUEST TO W	ORK MY VACATION	AND RECEIVE PAY IN LIE	U OF TAKING THE DAYS OFF
(MUST BE ANNIV	ERSARI DATE).		
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APPROVED BY:			APPROVED BY:
Shall in the	Q_		
WORK SUPERVISO)R		DEPARTMENT HEAD
BUSINESS OFFICE	· · · · · · · · · · · · · · · · · · ·		
THE ABOVE NAM	ED INMATE HAS BEI	EN EMPLOYED IN INDUSTR	IES SINCE 6/19 19 AND
		\$	DIT IS PRESENTLY BEING EARNED
ATDAY			
½) ((1))	I EK MONTH.		
22) ((1))			
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TIMEKEEPER		ACCOUNTANT V	SUPERINTENDENT
JNIT TEAM ACTIO	ON·	APPROVED:	DISAPPROVED
JIVII I LAWI I CIRC	511.		PLEASE STATE REASONS WHY IF
			DISAPPROVED.
	e e e e e e e e e e e e e e e e e e e		
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SIGNATURE	•		

*THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

Federal Bureau of Prisons Mr. PARROTT. Subject: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details). LIKE to change wonk DEPARTMENTS to get Along with my co-worker, Buts Planting up Mr. Nolaw Said MATTER. KEUIN C. SIGGERS 5/627060 No.:___ Work assignment: Unit: NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken DISPOSITION: (Do not write in this space) DATE:_ MILUI PROD I

Case 1:04-cv-00011-SJM-SPB Document 68-26
NOTE: THIS FORM MUST BE SU
WEEKS IN ADVANCE.

Filed 02/02/2007 Page 67 of 81
U.S. Department of Justice
UNICOR
Federal Prison Industries, Inc.

	*		
MI/I I DEPARTMENT			9200 /Sigo
	Grand British Co	Variat	- 16 27- n/m
NAME:	LAST	FIRST	REGISTRATION NUMBER
REQUEST TO WORK MY VACATION AND RECEIVE PAY IN LIEU OF TAKING THE DAYS OFF		s) CASH in	
		ND RECEIVE PAY IN LI	IEU OF TAKING THE DAYS OFF
18/20 M 10 Super 2010			
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APPROVED BY:) 4/		APPROVED BY:
Market 1	Control of the Contro		
WORK SUPERVISOR	<u> </u>		DEPARTMENT HEAD
/			
	ER MONTH.		
COMPUTED BY:		REVIEWED BY:	FINAL APPROVED BY:
TIMEKEEPER		ACCOUNTANT	SUPERINTENDENT
JNIT TEAM ACTION	I:	APPROVED:	DISAPPROVED
			PLEASE STATE REASONS WHY DISAPPROVED.
SIGNATURE			
		ACATION MAY ONLY B INDUSTRY BUSINESS O	BE MADE ON THE ANNIVERSARY DATE. FFICE)

U.S. DEPARTMENT OF JUSTIC Federal Bureau of Prisons

INMATE REQUEST TO STAFF MEMBER

	DATE: 2000
TO: Mr. PEROTT, MILL I SAPERVIS. (Name and Title of Officer)	en)
SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think	
Sie I would like to change my	1 Job, to
WORK IN MILL I DEPARTMENTS I HAVE	goTTEN HAG
- PERMISSION From MR. NOTAN to Change 5	065,
	र प्रति र Alabaha e ■ anaka ga akka aka
Name: KENIN. C. Siggens Sn.	No: 5/62)060
Work Assignment: UNICORS A.M	Unit:
NOTE: If you follow instructions in preparing your request, it can be disposes of more promptly and intellig necessary, in order to satisfactorily handle your request. Your failure to specifically state your probl	ently. You will be interviewed, if em may result in no action being taken.
DISPOSITION: (Do not write in this space)	Date:
at Other ok proving pr	M PROD F TO MICCI
Original-File Canary-Inmate	0fficer
FCI Mckean Previously BP-Admin-70	BP-148(70) July 1°

Employee Work History

Name: Si	ggers, Kevin	No. #51627~060		
Hire Date:	03/23/99	Prior UNICOR Credit Accepted:	00	Months

Year: 1999

r i	**************************************				
	# Months	Vac Earned	Vac Used	Vac Balance	Remarks
Jan					
Feb					
Mar	1	3:45		3:45	1
Apr	2	3:45		7:30	2
May	3	3:45	POV 11:15	0:00	To
Jun	4	3:45		3:45	J-
Jul	5	3:45		7:30	8
Aug	6	3:45		11:15	8
Sep	7	3:45	7:30	7:30	VAC 9/27
Oct					
Nov					
Dec					

Year: 2000

	# Months	Vac Earned	Vac Used	Vac Balance	Remarks
Jan					
Feb					
Mar					
Apr					
May					
Jun					
Jul					
Aug					
Sep					
Oct		******			
Nov					
Dec					

Year: 2001

	# Months	Vac Earned	Vac Used	Vac Balance	Remarks
Jan					
Feb					
Mar					
Apr					
May					
Jun					
Jul					
Aug					
Sep					
Oct					
Nov					
Dec					

MCK2G 531.01 * PAGE 001 OF 001 *

INMATE HISTORY WRK DETAIL

REG NO..: 51627-060 NAME....: SIGGERS, KEVIN LAMAR CATEGORY: WRK FUNCTION: PRT FORMAT:

03-22-1999

FCL	ASSIGNMENT	DESCRIPTION	START DATE/TIME	STOP DATE/TIME
MCK	KITCHEN AM	KITCHEN AM	01-14-1999 0001	CURRENT
MCK	IDLE	IDLE	01-13-1999 0716	01-14-1999 0001
MCK	KITCHEN AM	KITCHEN AM	12-02-1998 0001	01-13-1999 0716
MCK	DIN RM AM	DINING ROOM AM	11-20-1998 1348	12-02-1998 0001
MCK	FD SVC	FOOD SERVICE	11-19-1998 0001	11-20-1998 1348
MCK	LAND IN 1	INSIDE LANDSCAPE FULL-TIME	11-05-1998 0001	11-19-1998 0001
MCK	LAND IN 2	INSIDE LANDSCAPE FULL-TIME	11-04-1998 0001	11-05-1998 0001
MCK	FACL	FACILITIES OFFICE	11-03-1998 0001	11-04-1998 0001
MCK	UNASSG	UNASSIGNED	10-28-1998 0001	11-03-1998 0001
MCK	A&O	ADMISSION & ORIENTATION	10-21-1998 1015	10-28-1998 0001
LEW	UNASSG	UNASSIGNED WORK DETAIL	10-13-1998 1921	10-21-1998 0516
OKL	UNASSG	UNASSIGNED HOLDOVER	09-23-1998 1800	10-13-1998 0830
ATL	UNASSG	UNASSIGNED WORK DETAIL	05-06-1998 0050	05-06-1998 0818
OKL	UNASSG	UNASSIGNED HOLDOVER	05-01-1998 1915	05-05-1998 0830
RCH	UNASSG	UNASSIGNED WORK DETAIL	03-26-1998 1851	05-01-1998 1508
OKL	UNASSG	UNASSIGNED HOLDOVER	03-18-1998 1815	03-26-1998 0920

FINA

LANUP I 3/23/99

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DATE: 10/28/99 07:23 INLETES NOT WORKING FOR 30 DAY.

PAGE: 1

REPORT DATE: 10/30/99 USER ID: salcl

Reg-num Fact Group Crew Name Last Lbr LT SIGGERS, KEVIN 51627-060 FT ft130 Assembly 1 09/29/99

Case 1:04-cv-00011-SJM-SPB Document 68-26 NOTE: THIS FORM MUST BE SU TITTED 2 WEEKS IN ADVANCE.

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DEPARTMENT		DATE	$=i/L_{\infty}$
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NAME: LAST	FIRST	REGISTRATION NUMBER	/
			7.70
REQUEST VACATION FROM	то *		1 20
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(MUST BE ANNIVERSARY DA		OF TAKING THE DATS OFF	
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APPROVED BY:	• •	APPROVED BY:	
Chalinholm		Also Hall Bar All	
WORK SUPERVISOR		DEPARTMENT HEAD	
BUSINESS OFFICE:		,	
HE ABOVE NAMED INMATE	HAS BEEN EMPLOYED IN INDUSTRI	ES SINCE $\frac{1100}{199}$, AND	
HAS ACCUMULATED <u> </u>	/l.→ DAY(S)-VACATION. VACATION CRED	IT IS PRESENTLY BEING EARNED	
AT 0 15 DAY PER MONTH			
North Control of the	· ·		
(1)			
		ENVAL ADDROVE	D.DV.
COMPUTED BY:	REVIEWED BY:	FINAL APPROVE	DBI:
		- Andrew Comment	Colonia
TIMEKEEPER	ACCOUNTANT	SUPERINTENDENT	
JNIT TEAM ACTION:	APPROVED:	DISAPPR	
		PLEASE STATE REA DISAPPROVED.	ASONS WHY I
		DISALI ROVED.	

SIGNATURE_

^{*}THIS REQUEST FOR PAY IN LIEU OF VACATION MAY ONLY BE MADE ON THE ANNIVERSARY DATE. (PLEASE SUBMIT FOUR (4) COPIES TO INDUSTRY BUSINESS OFFICE)

(This form may be replicated via WP) Replaces BP-148 of Oct 86

BP-S148.070 INMATE REQUEST TO STAFF MEM	BER CDFRM
UNITED STATES DEPARTMENT OF JUSTICE	FEDERAL BUREAU OF PRISONS
0 < 0	DATE MAY 19,1999
TO: MR. PIEROTTA	
(Name and Title of	Officer)
SUBJECT: State completely but bri	efly the problem on which you
desire assistance and what you think	should be done (Give details).
I would like my =	Jod Changen to
The Ventical Boning Machine	ON the ASSEMBLY
line I've spoke to MR. No	DIAN AND WAS told
to have you sign this I	
Releasing me to work IN the	
Control World IN THE	TISSENSIY DEFT. I MANK
you for Time Concerning this	S MAILENS,
1	
OK OR REFUSED	
	Dactes
	POSTED
(Use other side of page if m	more space is needed)
IAME: KEUN L-SIGGERS SR.	
AME: <u>NEUIN C-Siggens Sn.</u>	NO.: 5/627-060
ORK ASSIGNMENT: LAY UP I	UNIT: 3 A
OTE: If you follow instructions in preparing your request, it	can be disposed of more promptly and intelligently.
ou will be interviewed, if necessary, in order to satisf secifically state your problem may result in no action being t	factorily handle your request. Your failure to
ISPOSITION: Do not write in this space)	DATE 5-19-29
	OKKI P
- Marin	2779CF
\mathcal{L}^{τ}	DATE 5-17-17 LAYUE TO
	Chuba And
	Chala - And
cord Copy - File: Copy - Inmate	Officer

UNICOR McKean Federal Prison Industries, Inc. Federal Correctional Institution McKean, Pa. 16701

JOB DESCRIPTION REPORT

Inmate's Name: Siggers, Kevin	Register Number: 51627-060
Institution Code: 231	
Job Description: Woodworking Shopha	nd Department: Layup 1
Duties: Responsible for stacking, cushioning Responsible for visually inspecting all materia duties as assigned in UNICOR.	and wrapping product. Secures load with steel strapping. Is being packed for surface defects or blemishes. All other
	Siggers Sa. Reg. No. 5/627.060 ir implement his assigned work detail, which ety procedures, and routine use.
Mm	4-12-99 Date
Freman	Date
	on how to implement my job assignment. If I
have any problem with implementing	my assigned job, I am instructed to contact
ny foreman immediately.	
Signature of Inmate	5/627060 4-12-99 Register Number Date

Case 1:04-cv-00011-SJM-**5**Pe-Packing Trial 02/02/2007 Page 75 of 81

Roster

Date: April 23, 1999

Name	Number	Department	SOI	Fact.	Safety	Prod.	Work	Q.A.	Bus Of	
Davila-Bajana, Juan	47580-053	Prod 1								
Luna-Navarro, Bernardo	05659-032	Laup 1								
Hamilton, James	09140-055	Pack 1								
Siggers, Kevin	51627-060	Laup 1								
Kowalski, Paul	08930-055	Q.A. 1								
Carter, Claude	19735-039	Main 1								
ALTEDNATES										
ALTERNATES		4		·				-		-
Gonzalez, William	21331-038	Mill 2								
Wills, Eric	52511-060	Pack 1								
· · · · · · · · · · · · · · · · · · ·							<u>.</u>			
				-						- · <u></u> -

-s148.070 INMATE REQUEST TO STAFF MEMBE R 94 NITED STATES DEPARTMENT OF JUSTICE	R CDFRM FEDERAL BUREAU OF PRISONS
	FEDERAL BUREAU OF PRISONS
	DATE 3-2/-99
11.	DATE
CO: UNICON SUPERVISO (Name and Title of Of	ficer
SUBJECT: State completely but brief desire assistance and what you think s	Ty the problem on which you hould be done (Give details)
I have the es.	4/5ACE RU 201
I have the RE-	11273 8 104 144
CURRENT SUPERVISOR -	to work IN the
UNICONA FACTORY	
	KITCHEN SUPERVISOR
	,
4	
(Use other side of page if mo	re snace is needed)
(obe office side of page if mo	re space is needed)
IAME: KEUIN L-SIGGENS SIZ	NO 51/2721/3
ANE: //Conf or/yells she	
ORK ASSIGNMENT: Veg. Prep	UNIT: <i>\$ A</i>
T. C	
DTE: If you follow instructions in preparing your request, it car ou will be interviewed, if necessary, in order to satisfac pecifically state your problem may result in no action being take	torily handle your request. Your failure to
ISPOSITION: Do not write in this space)	
)	DATE <u>3-22-99</u>
	,
V. J	M. HENRY (ENK SCOTTU,
	- /
	71/1/
	Hell Stem
	Officer

Record Copy - File; Copy - Inmate

(This form may be replicated via WP) Replaces BP-148 of Oct 86

UNICOR
Federal Prison Industries, Inc.

COR

Industrial Employment/IPRS Action Report

1. Type of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3					
2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26 Enter 2 For Change In Employment Status, Complete Items 4-21, and 26 Enter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26					
3. If IPRS Action Enter 2 For Enrollment, Complete Items 4-6, 19 Enter 3 For Completion, Complete Items 4-6, 19 Enter 4 For Withdrawal, Complete Items 4-6, 19, 22					
4. Register Number 5. Resident Name (Last, First, Middle) 6. Institution Code					
5 1 6 2 7-060 SIGGERS KEVIN 231					
Action Recommended					
From: 7. Job 8. Grade 9. Industry 10. Wage 11. Dot 12. Position Title Number 1 - 4 Code Plan Code					
O 1 2 2 MCFT 1 769687054 WD WRK SHOPHAND					
1 = Hourly 2 = G.P.W. X = Apprentice X					
<u>To:</u> 3 = P.W. ↓					
13. Job 14. Grade 15. Industry 16. Wage 17. Dot 18. Position Title					
Number 1 - 4 Code Plan Code					
19. Effective Date 20. Time of Action 21. Check One: AM PM					
Month, Day, Year					
(d) 11-112-04 MCFT					
22 . Reason For Termination Of Employment Or Withdrawal					
1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request					
5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs					
23. Continuation of Longevity Status 1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).					
- - 24. Date Of Enrollment Month, Day, Year					
25. Total Inmate Hours Involved					
26. Signatures: Recommended By Date: 1-12-03					
- 1. MAMPAIN MAI					
Approved By Plant Superintendent Date:					
Entered On Payroll Record and the There Timekeeper Date: 1-13-04					
PI Form 06 (0)00)					

Distribution:



Industrial Employment/IPRS Action Report

2 1. Type of Report	UNICOR Action = 1 IPRS Action = 2 Both = 3				
2 If UNICOR Action	Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24 and 26 Enter 2 For Change in Employment Status, Complete Items 4-21, and 26 Enter3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26				
3. If IPRS Action Enter 2 For Enrollment, Complete 4-6, 19 Enter 3 For Completion, Complete 4-6, 19 Enter 4 For Withdrawal, Complete 4-6, 19, 22					
Registration Number	5. Resident Name (Last, First, Middle) 6. Institution Cod	de			
5 1 6 2 7 - 0 6 0	S G G E R S K E V I N				
Action Recommended					
From: 7. Job 8. Grade 9. Industry	10. Wage 11. Dot 12. Position Title				
Number 1 - 4 Code	Plan Code				
0 1 1 2 MCFT	1 6 6 7 6 8 2 0 2 2 PANEL SAW OPERAT				
	1= Hourly				
,	2= G.P.W. X = Apprentice 3= P.W				
<u>To:</u> 13. Job 14. Grade 15. Industry	• • • • • • • • • • • • • • • • • • •				
Number 1 - 4 Code	Plan Code				
0 1 4 2 M C F T	1 2 2 1 1 6 7 0 1 4 MATERIAL COORDIN				
101 -1100	20. Time of Action \ 21. Check One: AM PM				
Month, Day, Year	0 7 1 0 X				
0 4 - 0 7 - 0 3					
22. Reason For Termination O	Of Employment Or Withdrawal				
	ransferred 3 = Program Change 4 = Inmate Request d 6 = Control Purposes 7 = Institution Needs				
5 = Program Discontinued	d 6 = Control Purposes 7 = Institution Needs				
23. Continuation of Longevity	Status				
1 = yes 0 = no 2	= no (For use only when termination is for release (MR or parole).				
24	4. Date Of Enrollment Month, Day, Year				
25. Total Inmate Hours Involved					
~	1 /				
26. Signatures:	Foreman Date: 4-7-05				
Recommended By	Foreman Date: / / C)				
Approved By	Plant Superintendent Date:				
Approved By	Ass't Supt. Or Business Mgr. Date:				
Entered On Payroll Record	ds LINAMINER Date: 4765				
Lineled Oil aylon resources 1. VV VI VIII III VI					
EDI Form 06 (0/08)	7				

Distribution: 1. Business Office 2. Terminal Operator

3. Placement

4. Foreman

UNICOR

(FCI McKean)

"Notice of Unsatisfactory Work Performance"
To: Signers Kovin Number: 5/627-060 Date: 3/11/02
(Name: Last, First)
UNICOR McKean start date: Current Grade: Unit: A This is to advise you of your unsatisfactory work performance on: 3/4/2
Specifically: Immate Siggers was observed on the production floor lighting matches. Immate Siggers was attempting to melt the plastic tip of a cigar. This behavior is unsafe because of the flormable materials on the factory floor
- Annual Representations
Supervisor's Recommendation: 1) Written Warning
(2) Grade Reduction from $\frac{2}{3}$; No. of days $\frac{3}{3}$
3) Job Change
4) Removal *
5) Other
*Third offenses, whether related acts, or not, automatically require the recommendation for "Removal." All recommendation for "Removal" must be approved by the Superintendent of Industries. Approved by the Superintendent of Industries.
Final disposition:
3/11 -> H/1/
Superintendent of Industries 2401

UNICOR

(FCI McKean)

"Notice of Unsatisfactory Work Performance"
To: Siggers, Kevir Number: 5/627-060 Date: 3/6/0
(Name: Last, First)
UNICOR McKean start date: Current Grade: Unit: C
Specifically: Immite Sigger had in his possession, AVIATOR flaying calds in the Civicor Factory. Donnate Siggers had Signed a Rula regulation paper When he Started Unicon stated from the Started Unicon stated from January personal property in factory (Rule # 12)
Supervisor's Recommendation:
1) Written Warning
2) Grade Reduction from to; No. of days _
3) Job Change
4) Removal *
5) Other
*Third offenses, whether related acts, or not, automatically requite recommendation for "Removal." All recommendation for "Removal" must be approved by the Superintendent of Industries. All recommendation for "Removal" must be approved by the Superintendent of Industries. All recommendation for "Removal" must be approved by the Superintendent of Industries. All recommendation for "Removal" must be approved by the Superintendent of Industries. All recommendation for "Removal" must be approved by the Superintendent of Industries. All recommendation for "Removal" must be approved by the Superintendent of Industries. All recommendation for "Removal" must be approved by the Superintendent of Industries. All recommendation for "Removal" must be approved by the Superintendent of Industries. All recommendation for "Removal" must be approved by the Superintendent of Industries. All recommendation for "Removal" must be approved by the Superintendent of Industries. All recommendation for "Removal" must be approved by the Superintendent of Industries. All recommendation for "Removal" must be approved by the Superintendent of Industries. All recommendation for "Removal" must be approved by the Superintendent of Industries. All recommendation for "Removal" must be approved by the Superintendent of Industries. All recommendation for "Removal" must be approved by the Superintendent of Industries in Sup
Final disposition:
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FACTORY RULES AND REGULATIONS

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- 1. INMATE WORKERS ARE FORBIDDEN TO LEAVE THE DEPARTMENT TO WHICH THEY ARE ASSIGNED, UNLESS THEY RECEIVE PERMISSION FROM THEIR FOREMAN OR SUPERVISOR. WHEN ENTERING ANOTHER DEPARTMENT, THEY MUST REPORT IMMEDIATELY TO THE SUPERVISOR IN CHARGE. INMATE WORKERS ON CALL-OUT MUST NOTIFY THEIR FOREMAN OR SUPERVISOR PRIOR TO LEAVING ON A CALL-OUT, AND ONCE THEY RETURN FROM A CALL-OUT.
- 2. ALL INMATES MUST WEAR STEEL TOE SAFETY SHOES WHILE WORKING IN UNICOR.
- 3. SAFETY GLASSES MUST BE WORN AT ALL TIMES WHILE IN THE FACTORY.
- 4. HEARING PROTECTION MUST BE WORN AT ALL STATIONS DESIGNATED AS HIGH NOISE LEVEL AREAS.
- 5. INMATES WILL PREFORM ANY ASSIGNED DUTIES GIVEN TO THEM BY ANY FOREMAN OR SUPERVISOR.
- 6. INMATE WORKERS WILL ONLY PERFORM TASKS THAT ARE ASSIGNED TO THEM. OPERATING ANY MACHINERY OR EQUIPMENT, OR PERFORMING ANY OPERATION THAT HAS NOT BEEN SPECIFICALLY ASSIGNED BY A SUPERVISOR IS STRICTLY FORBIDDEN AND WILL BE SUBJECT TO AN INCIDENT REPORT.
- 7. OPERATING ANY EQUIPMENT WITHOUT USING THE SAFETY GUARDS PROVIDED, OR REMOVAL OF SAID GUARDS IS FORBIDDEN AND SUBJECT TO DISCIPLINARY ACTION.
- 8. HORSEPLAY WILL NOT BE TOLERATED AND IS SUBJECT TO REMOVAL FROM UNICOR EMPLOYMENT.
- 9. FORKLIFT OPERATORS ARE THE ONLY ONES AUTHORIZED TO RIDE ON THE FORKLIFTS. DO NOT RIDE ON THE FORKLIFTS OR PALLET-TRUCKS.
- 10. REPORT ALL SAFETY HAZARDS TO YOUR SUPERVISOR IMMEDIATELY. **DO NOT** CONTINUE TO WORK UNDER UNSAFE CONDITIONS.
- 11. ALL INJURIES, NO MATTER HOW MINOR, SHOULD BE REPORTED TO YOUR SUPERVISOR IMMEDIATELY.

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- 13. THE FABRICATION OR REPAIR OF PERSONAL ITEMS ON GOVERNMENT EQUIPMENT IS AGAINST THE REGULATIONS AND IS PROHIBITED IN THE UNICOR FACTORY.
- 14. THERE WILL BE ABSOLUTELY NO SMOKING IN THE FACTORY, EXCEPT IN DESIGNATED AREAS. ANY VIOLATION OF THIS RULE WILL RESULT IN AN IMMEDIATE INCIDENT REPORT AND POSSIBLE DISMISSAL FROM UNICOR EMPLOYMENT.
- 15. WORK STOPS 10 MINUTES PRIOR TO LUNCH FOR TOOL CALL AND WASH UP, AND 20 MINUTES PRIOR TO RECALL FOR TOOL CHECK IN, AREA CLEAN UP, AND TO WASH UP.
- 16. INMATES WHO RECEIVE A DISCIPLINARY SEGREGATION SANCTION ARE SUBJECT TO TERMINATION FROM UNICOR EMPLOYMENT, AND WILL BE PLACED ON THE NON-PRIORITY UNICOR WAITING LIST.
- 17. INMATES WHO HAVE TRANSFERRED FROM ANOTHER INSTITUTION DUE TO DISCIPLINARY REASONS WILL BE PLACEDON THE NON-PRIORITY UNICOR WAITING LIST.

I understand the above rules and regulations, and understand that disregard for any of the above shall constitute a reason for my termination from UNICOR Employment.